

For office use only:

ECR REF:	PATIENT TRAVEL REF:
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Transfer of Patients outside Northern Ireland

This form should be completed IN FULL and returned under Confidential Cover		
To:	Patient Travel Health & Social Care Board 12-22 Linenhall Street BELFAST BT2 8BS	
Tel No:	95363242 or Direct Line: 0300 555 0116	OR 028 95363034
Fax No:	95 363124	
Email:	patient.travel@hscni.net	
Requests for transfer should reach us at least 7 days before date of transfer. A new form must be submitted for any changes to treatment/travel.		

Patient Name:		DOB:
H&C Number:		Age:
Home Address:		
Postcode:	Tel No:	Mobile:
Is patient ordinarily resident in Northern Ireland:		YES / NO
Referring Consultant:		
Contact Tel No:	Email:	
Secretary name:		
Contact Tel No:	Email:	
Referring Hospital:		
If inpatient - Ward details:		
Specialty/Diagnosis:		
Receiving Consultant:		
Contact Tel No:	Email:	
Secretary name		
Contact Tel No:	Email:	
Receiving Hospital:		
Reason for Transfer:		
Date of Transfer:		
Consultant Recommended Mode of Travel (e.g. Air/Sea):		
Is patient clinically able to use public transport:		YES / NO
Is an escort clinically required:		YES / NO
Number and Name(s) (if known) of Escort(s):		
Please provide MEDICAL reasoning if more than one escort required:		
Special Needs* (see notes below):		
Has ECR funding been approved/requested:		YES / NO

I certify that the necessary treatment is not available in Northern Ireland:
(Authorisation for a transfer can **only** be given by a Consultant)

Signed:	Date:
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* An Air Travel Medi Form **must** be completed if the patient has any special travel requirements e.g. stretcher, wheelchair, oxygen (include oxygen tank make, model & size) etc.