



Application for Transportation

Name: _____ DOB: _____

Address: _____

Phone Number: _____

Appointment Time & Date: _____

MD Name, Address & Phone: _____

Special circumstance that require immediate attention by Transport Department:

Check if yes:

- Are you eligible for Yellowhawk services?
- Is this appointment a referral through Yellowhawk clinic?
- Have you attempted to use all resources for transportation prior to request?
- If Oregon Health Plan eligible have you Contacted Brokerage Services at (541)304-3208?
- Is this for surgical/procedure?
- If yes, you must be accompanied by family/caregiver per transportation policy.
- If patient is expected to be hospitalized, does he/she need transport back home?
- Does the patient require wheelchair services?
- Can the patient Transfer or ambulate into a car without assistance?

Clients are expected to assume responsibility for their own meals, lodging and personal needs while receiving transportation services.

Patients have the right to have their health status, medical problems, diagnosis, treatment, and medical records kept confidential as required by applicable law and policy, including the Health Insurance Portability and Accountability Act (HIPPA) and the Federal Privacy Act.

All requests and transportation must be within the standards of the Transportation Policy.

I, _____, have read and understand the Yellowhawk Tribal Health Center Transportation Department Policy.

Signature: _____ Date: _____

Staff responded to patient: _____

Scheduled with Brokerage: YES NO Pick-up time between: _____ AM/PM

Patient Cancelled: _____ Date: _____