



# Hospital Discharge Transportation Request

Member Name:		DOB:	CIN:
Member Phone Number:		Interpreter needed? (If yes, preferred language):	
Requestor Name, Title:		Requestor Phone:	
Discharging Facility Name:		Facility Fax:	
<b>Medical Information</b>			
Member's Height (in.):		Member's Weight (lbs)	
O2 (liters):		Does O2 Need to be Provided?	
Mobility Equipment:		Does Wheelchair Need to be Provided?	
Vent or Trach:	Other Medical Equipment (list):		
Behavior or Precautions:		Bathroom On Own:	
<b>Pick-up Information</b>			
Level of Service:			
Expected Discharge Date:		Expected Discharge Time:	
Pick-up Address (building, floor, room):			Best Contact #:
# Adult Attendant(s):	# Child Attendant(s):	Service Animal (species and weight):	
<b>Drop-off Information</b>			
Drop-off Address:		Best Contact # for Drop-off:	
# Of Stairs or Ramp at Drop-Off Location:			
<b>Additional Notes</b>			
<b>Completed By:</b>		<b>Date:</b>	

<b>Complete for Facility-to-Facility Transfers</b>	
Sending Facility:	Contact Name & Phone Number:
Receiving Facility:	Contact Name & Phone Number:

Fax: (530) 351-9055 | Email: [transportationhelpdesk@partnershiphp.org](mailto:transportationhelpdesk@partnershiphp.org)

Email subject lines must include the discharge date

**5150 requests must include "Urgent 5150" in the email subject line**

If NEMT is requested, a completed and signed PCS form is required