



Physician Escort Form

Date: _____

PLEASE RETURN THIS TO THE MN-S HEALTH STAFF LISTED BELOW:

Attn: _____

Name: _____

Organization: _____

Client Name: _____

Fax: _____

Métis Nation–Saskatchewan (MN–S) provides medical travel benefits to assist registered Métis citizens to access medically required health services that cannot be obtained in the community of residence. One of the benefits that may be considered for funding is the provision of **an escort**.

The MN–S Medical Travel Program may assist for non-medical escorts to travel with patients who are **unable to travel alone** for medical or legal reasons and **may be** approved upon receipt of a physician’s verification identifying that the patient requires an escort. **The Program excludes compassionate travel (such as patient does not like to travel alone) or where the patient is under the care of the hospital or long-term care facility.**

One of the criteria under the Program is that patients requiring an escort have this form filled out and **signed by a physician to certify that the patient named above has a medical condition that requires an escort for the following reason(s):**

Patient has a physical/mental disability such that they require assistance with activities of daily living, such as bathing, dressing, feeding and decision-making (briefly describe below why and how the escort would be assisting the client).

Patient requires assistance with all their activities of daily living as a result of a current medical condition (briefly describe below why and how the escort would be assisting the patient).

Patient needs a translator (i.e. patient does not speak or understand English).

A family member requires instructions on necessary medical procedures that cannot be given to the patient alone (briefly describe what instructions are being given).

General anesthesia (e.g. day surgery).

Description:

Physician’s Name (Please print clearly)

Physician’s Signature

