



# MEDICAL VAN INTAKE FORM



Date: \_\_\_\_\_

Name of Citizen/Patient: \_\_\_\_\_

Are you applying on behalf of a child/minor: Yes No

If yes, child's name and citizenship number: \_\_\_\_\_

Citizenship number: \_\_\_\_\_

Escort name (if applicable): \_\_\_\_\_

Pick up location, date and time: \_\_\_\_\_

Drop off location, date and time: \_\_\_\_\_

Will you require a return trip? Yes No

If yes, date and time (if time is known): \_\_\_\_\_

Do you require transportation after the appointment: Yes No

If yes, drop off location after the appointment: \_\_\_\_\_

Time of pick up after the appointment: \_\_\_\_\_

**If appointment end time is unknown, please call dispatch coordinator to make arrangements (1-877-MÉTISSEK (638-4775)).**

Will you require the use of a lift to board the van?: Yes No

Type of mobility/adaptive equipment? \_\_\_\_\_

**Please complete this section if you have known recurring appointments that will require transportation:**

Will you be requiring recurring travel bookings to accommodate set recurring appointments? (I.e. Dialysis) Yes No

Are the appointment times and day of the week same as above? Yes No

Recurring dates and times: \_\_\_\_\_