



# PATS APPLICATION FORM

**Office Use only: PATS REFERENCE NUMBER**

## SECTION A - MEDICAL PRACTITIONER TO COMPLETE REFERRAL

### 1. PATIENT DETAILS

Title	Surname	Given Names
DOB ____ / ____ / ____		Male <input type="checkbox"/> Female <input type="checkbox"/>

### 2. REFERRAL DETAILS

Referral *must* be to the **nearest** eligible specialist (including visiting specialists)

Name of Specialist


Does the patient need to be seen urgently (<30 days) Yes  OR No

Is this referral for cancer treatment? Yes  OR No

Is this referral for renal dialysis? Yes  OR No

### 3. AIR TRAVEL RECOMMENDATION

Does the patient require air travel due to their clinical condition? Yes  No

*Please note: If the patient's clinical condition changes after their first appointment the mode of travel recommended may change.*

### 4. ESCORT RECOMMENDATION (Escorts are automatic for patients Under 18)

Does the patient require an escort? Yes  No   
Please select reason: Disability  Frailty  Medical condition  Other (specify below)

**5. CLINICAL DETAILS** to support referral to other than the nearest specialist; recommendation for air travel and /or an escort must be proved by a Medical Practitioner.


### 6. REFERRING MEDICAL PRACTITIONER STAMP / DETAIL AND SIGNATURE

Name	I certify that the information given is correct.	
Address		
Telephone	Signature	Date
Provider Number		



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## SECTION B – PATIENT TO COMPLETE DETAILS

Please submit this PATS form to your PATS Office (fax, mail, email or in person) as soon as possible and prior to any travel being undertaken. Completed applications should be lodged within 8 weeks of your appointment. PATS applications will be assessed for eligibility and may take up to 10 working days to process. Enquires for appeal or a ruling on your specific circumstances should be made at your local PATS Office.

### 7. PERSONAL DETAILS

Title		Surname		First Name	
Residential Address			Postal Address (if different)		
Home Phone		Mobile		Work Phone	
Preferred Contact					
Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Email <input type="checkbox"/> (Provide email address)					
Are you a Permanent Country Resident? Yes <input type="checkbox"/> No <input type="checkbox"/>		Male <input type="checkbox"/> Female <input type="checkbox"/>		Aboriginal / TSI Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Is this travel related to treatment covered by any of the following?</b>					
Workers Compensation <input type="checkbox"/>		Motor Vehicle Insurance <input type="checkbox"/>		Employer funded travel <input type="checkbox"/>	
<b>Do you have any of the following cards? If yes, please provide the number.</b>					
Medicare Card <input type="checkbox"/>	Number				
Concession Card <input type="checkbox"/>	Type		Number		
Veterans Affairs	White <input type="checkbox"/>	Silver <input type="checkbox"/>	Gold <input type="checkbox"/>		

### 8. APPOINTMENT DETAILS

Specialist name and phone number	Appointment date, time and location

### 9. RECOMMENDED ESCORT DETAILS (must be over 18 years of age)

Title	Surname	Given Names
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### 10. RELEVANT TRAVEL NOTES

Please note below any information relevant to your circumstances that needs to be made known to the PATS office undertaking your booking.

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<b>SECTION B – PATIENT TO SIGN</b>		<p><b>If you require further information about PATS contact your local PATS Office or <a href="http://www.wacountry.health.wa.gov.au">www.wacountry.health.wa.gov.au</a></b> Your forms can be submitted at the below listed hospitals/ health services</p>
<b>11. CONDITIONS OF TRAVEL/ PATIENT/ GUARDIAN DECLARATION</b>		
<p><b>Confirmation of attendance at your appointment</b> You <u>must</u> return your PATS Specialist Certification form to the local PATS Office even if you have had your subsidy paid in advance. Failure to do this may result in you becoming ineligible for PATS assistance in the future.</p> <p><b>Changes to Travel and/ or Accommodation Arrangements:</b> If for medical reasons you are unable to catch the flight/bus/train as booked or if you need additional accommodation, you <u>must</u> contact your local PATS Office as soon as possible.</p> <p><b>Reimbursement of Costs</b> The PATS Specialist Certification form and receipts for commercial accommodation &amp;/or transport will need to be returned to your local or regional PATS office within 8 weeks of your appointment.</p> <p>I give permission to my Medical Practitioner to provide medical information to the PATS Office to support my application for PATS if required.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>I understand and accept these conditions and certify that the information above is correct at the time given. I agree that I will repay any cost incurred should I fail to use the pre-booked travel or fail to attend appointments.</p> <p>Patient / Guardian Signature _____ Date     /     /     _____</p>		<p><b>Goldfields</b></p> <ul style="list-style-type: none"> <li>▪ Kalgoorlie (08) 9080 5681</li> <li>▪ Esperance (08) 9071 0801</li> </ul> <p><b>Great Southern</b> 1800 728 747</p> <ul style="list-style-type: none"> <li>▪ Albany</li> <li>▪ Denmark</li> <li>▪ Gnowangerup</li> <li>▪ Katanning</li> <li>▪ Kojonup</li> <li>▪ Mt Barker</li> </ul> <p><b>Kimberley</b> 1800 914 100 PATS forms can be lodged at <u>all</u> Hospitals within the Kimberley</p> <p><b>Midwest</b> (08) 9956 2216</p> <ul style="list-style-type: none"> <li>▪ Exmouth</li> <li>▪ Carnarvon</li> <li>▪ Dongara</li> <li>▪ Geraldton</li> </ul> <p><b>Pilbara</b> 1300 653 231 PATS forms can be lodged at <u>all</u> Hospitals within the Pilbara</p> <p><b>South West PATS</b> 1800 823 131 Fax: (08) 9427 9011</p> <p><b>Postal:</b> SW PATS P.O Box 712 Osborne Park BC WA 6916</p>
<b>12. DATE APPLICATION RECEIVED BY PATS OFFICE</b>		<p><b>Wheatbelt</b> 1800 728 792 PATS forms can be lodged at <u>all</u> Hospitals within the Wheatbelt</p>
Date     /     /     _____		



Department of Health  
Northern and Remote Country Health Service  
Southern Country Health Service

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## SECTION C - PATS OFFICE

### 13. REGIONAL APPROVAL

Referral is to other than the nearest eligible medical specialist <input type="checkbox"/> & / or	Air travel is recommended & trip is less than 16 hours by road or more than 350kms for people having cancer treatment <input type="checkbox"/>	Other exceptional circumstance. <input type="checkbox"/>
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**Comments / Notes**

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Approved / Recommended	YES	NO	Comments
Patient			
Escort			
Mode of Travel			

<b>Signature of Incurring Officer / Delegated Financial Authority</b>	<b>Date</b>
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### 14. PATIENT NOTIFIED OF OUTCOME PATS OFFICE TO COMPLETE

**Notified by**

Phone:    Mobile     Work     Home     Message left     Spoke to Client

             Email     Letter     Fax     Other

**Other Notes**

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<b>Date</b>	<b>Time</b>	<b>Name and signature of PATS Clerk</b>
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