

Physician Certification for Ambulance Transportation

STAT EMS

Section I - Patient Information

Name: _____	Last First	Date of Birth: _____
Patient Transported From: _____		Patient Transported To: _____

Section II - Qualifying documentation supporting presumptive reasons that non-emergency ground transport by any other means than ambulance is contraindicated.

Supporting documentation for any boxes checked must be maintained in the patient's medical records.

Check all that apply:

Bed Confined **All three below must be met to qualify for bed confinement.* *
 Unable to ambulate (walk)*
 Unable to get out of bed without assistance*
 Unable to safely sit up in a wheelchair*
***EXAMPLES:** Unable to maintain erect sitting position in a chair for time needed to transport due to moderate muscular weakness and deconditioning OR due to Grade II or greater decubitus ulcers on buttocks*

Third party medical assistant/attendant required to apply, administer, or regulate or adjust oxygen en route.

Special Handling/Positioning due to: **(check all that apply)**
 Moderate to Severe Pain Isolation
 Non-Healed Fractures Contractures
 Poor Skin Integrity Orthopedic Devices
 Extreme edema, or poss DVT requires elevation of a lower extremity
 Decubitus Stage _____ Location _____

Morbid Obesity requires additional medical personnel or equipment to handle.

Severe muscular weakness and deconditioned state precludes any significant physical activity.

Restraints (physical or chemical) anticipated or used during transport.

Danger to self or others - Medical supervision required.

Danger to self or others - seclusion (FLIGHT RISK)

Confused, combative, lethargic, or comatose.

Risk of falling off wheelchair or stretcher while in motion (not related to obesity) +
 +***EXAMPLES:** Poor trunk control OR unable to maintain upright seated position while in motion due to time and/or terrain*

Section III - Physician/Qualified Personnel Authorization

I certify that the information contained above represents an accurate assessment of the patient's medical condition on date of service specified.

Physician Signature: _____	Physician Name: _____
DATE: _____	

This PCS will be valid 60 days from the date of signature.

Patients are considered repetitive if they go from the same origin to the same destination 3 times in 10 days. A repetitive patient PCS must be signed by a physician and is valid 60 days from the date it is signed. Please understand that all repetitive patients must have valid PCS's on all transports. It is very important that the physician sign, date and return to Stat Ambulance upon receipt to assure that all patients maintain a valid PCS for all transport.

Return Completed PCS to Ken Linkous:

FAX: 304-732-9394