
Community Flights is a not-for-profit registered charity closing the gap to healthcare access for regional and rural Queensland patients. Community Flights provides free-of-charge aircraft transport for patients and carers to non-emergency medical treatment and services.

Community Flights aircrafts are not equipped for medical emergencies and the pilots and volunteers are not able to provide any medical treatment before, during, or after the flights.

About this form:

The *Patient Transport Request Form* is intended to:

- assist the assessing health practitioner to assess and advise Community Flights of the patient's suitability and fitness to fly. (Requirement of CASA Instrument 09/19 of Civil Aviation Safety Regulations 1998 Section 6.4 - *Medical treatment is not provided on board the aircraft for the flight, other than the administering of medication or in response to an unexpected medical emergency.*)
- collect the required operational details for Community Flights and our partnering organisations, to assess and coordinate the proposed flight and/or ground transport
- record data for reporting and service quality review

Who can complete this form:

The **GREEN** sections can be completed by the patient or practitioner. The **ORANGE** sections must only be completed by the assessing health practitioner. **The patient does not need to be present with the practitioner to complete this form.**

A suitable health practitioner is the patient's current:

- registered General Practitioner, or
- registered Nurse at the medical practice or hospital

How to submit this form:

Due to privacy laws **THE PATIENT** must submit this form directly to Community Flights after completion by the assessing practitioner. This ensures all medical and private information is offered expressly at the patient's consent and direction. Completed forms can be submitted by:

EMAIL to: referrals@communityflights.org.au

POST to: PO BOX 608, Hervey Bay QLD 4655

***Indemnity for health professionals.** Each patient assumes the responsibility to advise Community Flights of their medical fitness to meet legal requirements of a Community Service Flight. Health professionals who provide information in good faith do so only to affirm this advice.

Privacy Statement: Community Flights collects information in accordance with our privacy policy available at <https://www.communityflights.org.au/privacy-policy/>

To access Community Flights the following requirements must be met:

- All relevant patient and destination details are completed in (Section A & B)
- Patient must show a need to access the service (Section C)
- Patient must be suitable to travel in a small, non-pressurised aircraft (Section D)
- Health practitioner must declare the details are correct (Section E)
- All minors **MUST** be accompanied by an adult 18+

Section A – Patient details and consent

Given name(s): Family name:

Date of birth: Mobile:

Address: Place of Birth:

Concession Card: Expiry date:

DVA number:

Male Female Other: _____ Email Address:

Are you of Aboriginal and / or Torres Strait Islander origin? Weight:

No Aboriginal Torres Strait Islander Both Rather not say

I (patient) confirm all details on this form are true and correct, and have read and understood the Community Flights patient information and guideline document:

Signature: Date:

Section B – Treatment / Service details at destination

Treating practitioner (if known): Specialty:

Treatment facility name & address:

Facility contact number (in case of flight delay):

Appointment is for: Consultation Treatment Procedure

Appointment date and time:

Approximate length of appointment or procedure including recovery (to help us coordinate return transport if needed)

Other transport considerations:

- Patient does not have family/friends available at pick up destination or can't afford ground transport
- Short appointment allowing same day return (departing flight before 4pm)
- Long appointment or finishes past 3pm - (overnight accommodation may be required)
- If multiple visits are required for the **same treatment/service**, please list dates (e.g. ongoing chemotherapy or monthly appointments/treatments). N.B. A new form is required for different treatment facilities or procedures as the patient's fitness to fly must be assessed for each flight.)

App 2 date & time: App 4 date & time:

App 3 date & time: App 5 date & time:

Section C – Flight criteria needs assessment - (Practitioner to complete)

Please score EACH criteria from 0-5 (5 being strong risk/evidence for need, 0 being N/A):

Infection risk (e.g. 5 - immunomodulating therapy preventing public transport, 1- predisposed recurring infection history)

Recurring long-distance travel required (e.g. 5 - over 15 hours road travel / month, 1- less than 5 hours travel/month)

Financial hardship (e.g. 5 - unable to afford public transport options, 1- regular long distance costs)

Emotional well-being (e.g. 5 - highly stressful situation or not coping emotionally, 1- driving/transport stress affects travel)

Travel pain (e.g. 5- severe debilitating pain from long distance travel, 1- travel uncomfortable requiring multiple stops)

Other - Please provide information:

Section D – Fitness to Fly (including after procedure/treatment if return flight needed) -

These answers do not preclude a flight. They are to help the booking team and pilot make safe decisions. A phone interview will discuss these points with the patient before flight confirmation. (Practitioner to complete)

- Can the patient enter & exit a small aircraft with minimal assistance? Yes No
- Can the patient step up 30cm as needed to enter the aircraft? Yes No
- Does the patient have mobility to lower themselves down into a seat? Yes No
- Does the patient need a support person to travel with them? Yes No
- Does the patient require oxygen during the flight? Yes No
- Can the patient travel for up to two hours without an onboard toilet? Yes No
- Does the patient have a fear of flying or heights? Yes No
- Does the pilot need to be aware of any other risks (Provide details)? Yes No

***Please note: If the patient or travelling companion cannot perform the above movements they will not be able to fly with Community Flights and will need to make alternative arrangements.**

Section E – Declaration by the Health Practitioner

I certify that the information provided on this form is true and correct. I advise that the patient is able to travel on a small aircraft with no medical treatment being necessary during the flight.

Health Practitioner name:		Stamp/signature
Contact number:	Facility/clinic name:	
AHPRA / Provider Number:	Date:	