



HEALTH & COMMUNITY TRANSPORT REQUEST FORM

Customer
Reference No.

.....

Transport Service: <i>(delete as appropriate)</i>	ALD	PSD	MH	OP	ILS	ICS
	Adults with Learning Disabilities	Physical & Sensory Disabilities	Mental Health	Older People	Independent Living Services	Intermediate Care Services

Service User's Name:	Date of Birth:
Address:	
.....	
Post Code:	Telephone Number:
Carer/Next of Kin Name:	
Relationship:	Telephone Number:
Alternative Emergency Address:	
Social Worker Name:	
	Contact Number:

Transport Details:	Regular / One Off / Short Term / Temp Medical / Alteration / Recommence / Additional		
Cancellation:	Permanent / Until Further Notice / One Off		
Day(s):	Date effective:	Times:	
From:			
To:			
Can Travel:	On Fleet Vehicle Y / N	In taxi Y / N	In Minibus Y / N
	With Volunteer Driver Y / N	With Other Service Users Y / N	
	On Bus Service with a Travel Pass Y / N	Travel Training Required Y / N	
Transport Choice Preference 1:		Transport Choice Preference 2:	
Eligibility Criteria Met:	YES / NO	Service User / Carer Agreed to Charges	YES / NO
		(Please Strike Through) Signed By:	
If not statutory distance, state reason transport awarded:			

Risk Assessment Date:	
Special Conditions:	
Nature of disability:	
Passenger Assistant Required: YES / NO	Any Specific Requirement:
Medication Details:	Access Requirements:
Can be left at home alone: YES / NO	Any Other Information:
Mobility:	Mobility Aids:
IF WHEELCHAIR, PLEASE COMPLETE CONTINUATION SHEET	

Requested by (Name):	Contact No:
Authorised by (Name):	Team:
Position:	Contact No:
Above Request Meets Criteria: Y / N	If No, Reason:
If No, has been agreed by Divisional Manager: Y / N	Name of DM:



CONTINUATION SHEET

Service User's Name:

Wheelchair Type: Manual / Powered Model:

Wheelchair Dimensions: Height: Length: Width:

If can transfer, can wheelchair be folded: YES NO N/A

2nd Wheelchair Type: Manual / Powered Model:

(If Applicable)

Wheelchair Dimensions: Height: Length: Width:

If can transfer, can wheelchair be folded: YES NO N/A

Seating System: YES NO Details:

Wheelchair Weight: Passenger's Weight:

Overall Weight (wheelchair with occupant):

MODIFICATIONS FOR MAIN WHEELCHAIR (please provide details):

Knee Blocks: YES NO Details:

Elevating Leg Rest: YES NO Details:

Footboard: YES NO Details:

Tray: YES NO Details:

Communication Aid Mounting: YES NO Details:

Oxygen Cylinder Carrier: YES NO Details:

Recliner Back: YES NO Details:

Extended Back Rest: YES NO Details:

Head Rest: YES NO Details:

Kerb Climbers: YES NO Details:

Harness Type:

RETURN BY: e-mail: transport.co-ordination@halton.gov.uk fax: [0151 471 7521](tel:01514717521)