



# KWAKIUTL HEALTH CENTRE

97 TSAKIS WAY, FORT RUPERT  
 PO BOX 1440, PORT HARDY, BC, VON2P0  
 PH: 250-949-6625 FAX: 250-902-2246

## PATIENT TRAVEL REQUEST

Darlene Peeler, Patient Travel Clerk - Office hours: 8:00 a.m. - 4:00

Cell: 250 230-2378

Fax: 250 902-2246

Email: patient.travel@kwakiutl.bc.ca

***This form MUST be completed and submitted to the Patient Travel Clerk by YOU, along with your Notice of Appointment at least 10 working days before your appointment.***

***\*\*Your doctor needs to state why you need an escort.\*\****

- I acknowledge that if my appointment is cancelled, it is my responsibility to cancel my hotel accommodations, and then notify the Patient Travel Clerk.
- I acknowledge that I am responsible and will make personal restitution for any damages or extra expenses incurred at the hotel.

<b>Name</b>			
<b>Status Number</b>		<b>Birth Date</b>	
<b>Home Address</b>			
<b>Your Contact Number</b>			
<b>Appointment Date</b>		<b>Appointment Time</b>	
<b>Appointment Address</b>			
<b>Physician Name</b>			
<b>Transportation (CIRCLE ONE)</b>	PRIVATE VEHICLE	COMMERCIAL BUSLINE	WHEELS FOR WELLNESS AIRPLANE
<b>Accommodation (CIRCLE ONE)</b>	HOTEL/MOTEL	PRIVATE ACCOMODATION	DAY TRIP-NO ACCOMODATION
<b>Accommodation Check-in Date</b>		<b>Accommodation Check-out Date</b>	<b>Wheelchair Accessible room?</b>
<b>Medical Escort Required?</b>		<b>Number of Beds required</b>	
<b>DATE SUBMITTED TO KWAKIUTL HEALTH CENTRE</b>		<b>CLIENT INITIALS</b>	<b>ACCEPTED BY (initials)</b>