Three Corners Health Services Society
150 North 1st Avenue
Williams Lake, BC
V2G 1Y8
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CONFIRMATION OF SCHEDULED APPOINTMENT

Three Corners Health Services Society is responsible for Medical Transportation. As part of our policy, we require that a written document be signed and/or stamped by your office to confirm that the following client has a scheduled appointment outside of Williams Lake.

PLEASE CONFIRM THAT:_____

DOB: _____ PHN:_____

HAS AN APPOINTMENT WITH: _____ **SPECIALTY:** _____

ON: _____ **TIME:** _____

REASON FOR APPOINTMENT:
(ie. ☐ consultation, ☐ diagnostic tests, ☐ treatment/surgery or ☐ follow-up)

_____

ESCORT REQUIRED **NO** **YES**

REASON FOR ESCORT: (PLEASE CHECK ONE)

☐ Client has a physical/mental disability such that he or she requires assistance with activities of daily living, such as bathing, dressing, feeding and decision-making (describe below why and how the escort would be assisting the client).

_____

_____

☐ Client requires assistance with all his/her activities of daily living as a result of a current medical condition (give description of why and how the escort would be assisting the client).

_____

_____

☐ Client requires legal consent by a parent or guardian (i.e. client is a minor)

☐ Client needs a translator, if translation services are not available at the health facility (i.e. client does not speak or understand English)

☐ A family member requires instructions on necessary medical procedures that cannot be given to the client alone (describe what instructions are being given).

_____

_____

☐ General Anaesthesia (Day Surgery)

☐ Client does not need an escort for medical or legal reasons

_____

PHYSICIAN'S PROFESSIONAL STAMP AND/OR SIGNATURE
PENDING APPOINTMENTS IF KNOWN: _____