



醫院管理局
HOSPITAL
AUTHORITY

Non-Emergency Ambulance Transfer Service
Request Form For New Territories East Cluster
新界東聯網非緊急救護運送服務申請表格
(Tel 電話 3919-7700 / 3919-7701 Fax 傳真 2637-8251)

This request form is to be used for NTEC hospitals and specialist clinics under Hospital Authority.

此申請表格只供醫院管理局新界東聯網內各醫院及專科診所使用。

□ Please select as appropriate. 請在適當格內選擇 NTSS 系統熱線 (電腦部, 只供職員使用): 2300-8225

Date of Journey 載送日期:		Year (年)	Month (月)	Day (日)	Weekday:	Sex 性別:
		Phone 聯絡電話 : 1st 首要 :		2nd 次要 :		
Name of Patient 病人姓名:		I.D. No. 身分證號碼:			Age 年齡:	
Estimated Weight 約重 : 65kg or Below (或以下) <input type="checkbox"/> 66-79kg <input type="checkbox"/> 80-99kg <input type="checkbox"/> 100kg or Above (或以上) <input type="checkbox"/>						
From (由) :						
To (往) :						
Reason for Journey 行程理由	Geriatric Day-Hospital		老人科日間醫院病人 (G)		<input type="checkbox"/>	
	Out-Patient Appointment		街症病人預約治療 (O)		<input type="checkbox"/>	
	In-Patient Appointment		留院病人預約治療 (I)		<input type="checkbox"/>	
	Inter-Hospital Transfer		轉院 (T)		<input type="checkbox"/>	
	Patient Discharge from Hospital / Clinic		出院 / 診所的病人 (D)		<input type="checkbox"/>	
	Admission Patient		入院病人 (A)		<input type="checkbox"/>	
Patient Condition 病人狀況 :						
Mobility 行動能力		Physical Condition 身體狀況			Others 其他	
Walk with Assistance / <input type="checkbox"/> Walking Aid 輔助腳架 Wheelchair 輪椅 <input type="checkbox"/> Stretcher Bound 臥床 <input type="checkbox"/>		Visual Impair 視障 <input type="checkbox"/> Quadruplegic 四肢傷殘 <input type="checkbox"/> Mentally Unstable 精神不穩 <input type="checkbox"/> Suction 抽痰 <input type="checkbox"/>			Auditory Impair 失聰 <input type="checkbox"/> Carry Oxygen Inhalator 自攜呼吸機 <input type="checkbox"/> Oxygen 氧氣供應 <input type="checkbox"/> Liter 公升	
					Hill Side 山路 <input type="checkbox"/> Living Alone 獨居 <input type="checkbox"/> Daytime Alone 日間獨居 <input type="checkbox"/>	
					Lift Landing 電梯直達 : Yes (有) <input type="checkbox"/> No (無) <input type="checkbox"/>	
Required Isolation Precautions: 所需預防措施: Types: Contact 接觸 <input type="checkbox"/> Airborne 空氣 <input type="checkbox"/> Droplet 飛沫 <input type="checkbox"/> Protective 保護性 <input type="checkbox"/>						
Measures: Gloves 手套 <input type="checkbox"/> Gown 隔離衣 <input type="checkbox"/> Protective Eye-Wear 護目鏡 <input type="checkbox"/> Single Transportation 單獨運送 <input type="checkbox"/> Others 其他 <input type="checkbox"/>						
Accommodation On Vehicle 病人在車輛上需佔用: Seat 座位 <input type="checkbox"/> Electric Wheelchair 電動輪椅 <input type="checkbox"/> Private Wheelchair <input type="checkbox"/> XL Wheelchair <input type="checkbox"/> Stretcher 抬床 <input type="checkbox"/>						
Escort 隨行人士: No (無) <input type="checkbox"/> If Yes, 如有, Clinical Staff 醫護人員 <input type="checkbox"/> Contact Phone 陪同人聯絡電話: Yes (有) <input type="checkbox"/> Escort 陪同人 <input type="checkbox"/> (Max. 1 subject to availability of seats) 只限一人, 以有空位作準						
Return Journey (if required) 回程 (如有需要): No (無) <input type="checkbox"/> Location (if differs from above): Yes (有) <input type="checkbox"/> 地點 (如與上者不同)						
Special Instructions / Medical Care 特別指示 / 醫療照顧 :						
Booking Date/Time 預約日期/時間		Request Institution Name 申請預約機構名稱		Specialty 專科		Ward / Bed 病房 / 床位
						/
Staff Authorizing the Request 授權申請人		Designation 職銜		Contact Phone 聯絡電話		Signature 簽署

Please cancel order by calling tel. 3919-7700 / 3919-7701 if the transfer is no longer required.
如欲取消載送服務, 請致電 3919-7700 / 3919-7701 NTSS-C25(15/10/21)
Printed by : Print Time : Booked by :

GENERAL GUIDELINES FOR REQUESTING THE NEATS

1. The transfer service is provided to those patients who genuinely require such assistance for reasons of physical / mental disability and are unsuitable / unable to use other transport.
2. Only those transfer requests as listed in the Request Form are entertained by the Hospital Authority.
3. All requests must be authorized by the concerned Medical Officer / Dental Officer / Dietitian / Registered Nurse / Enrolled Nurse / Midwife / Physiotherapist / Occupational Therapist / Prosthetist / Chiropodist / Speech Therapist / Audiology Technician/ Radiographer / Medical Social Worker of a hospital / clinic / institution of Hospital Authority.
4. For appointment cases, the completed authorized Request Form must reach the NTEC NEATS Control Centre at least 24 hours in advance by using NTSS (NEATS Transport Supporting System) .
5. For Inter-hospital Transfer and Patient discharged cases from hospital, the completed authorized request form should reach the NTEC NEATS Control Centre as soon as practicable.
Requests made after the following cut-off time will not be entertained.
For any enquires regarding cut-off time, please contact NTEC NEATS Control Center.

ASSESSING THE OUT-PATIENT, GERIATRIC AND DISCHARGE PATIENT'S ELIGIBILITY FOR USING NEATS

When authorizing Out-Patient, Geriatric and Discharge Patient's NEATS request, the authorizing officer must assess the patient's condition to make sure that he/she meets any one of the following criteria for using the service:

Patients meeting either one of the following criteria are eligible to use NEATS		Criteria for Out-patient(O) Geriatric Day Hospital (G)	Criteria for Discharge (D)
1.	Stretcher Bound	✓	✓
2.	Required continuous supply of Oxygen	✓	✓
3.	Electric Wheelchair Bound or Wheelchair Bound and		
	3a. living place is non-lift landing or	✓	✓
	3b. living alone elderly or quadriplegic	✓	✓
	3c. unable to have escort by friends, relatives, etc on discharge	✗	✓
4.	Having difficult in walking, use Walking Aid, unable to negotiate stair or slopes and		
	4a. living place is non-lift landing or	✓	✓
	4b. living alone elderly	✓	✓
	4c. unable to have escort by friends, relatives, etc on discharge	✗	✓
5.	Mental, Psychological & Social Condition		
	5a. Mentally impaired and live alone or day time alone	✓	✓ (unable to have escort by friends, relatives, etc on discharge)
	5b. Sensory (eg. eyesight) impaired and live alone or day time alone	✓	✓ (unable to have escort by friends, relatives, etc on discharge)

SPECIAL NOTES TO PATIENTS USING NEATS

1. Patient who has finished appointment should contact clinical staff for arranging return journey immediately. If return journey is no longer required after the appointment, patient should inform clinic staff as soon as possible, or notify the Control Centre at 3919-7724.
2. To avoid wastage of resources, transfer service for out-patient might be delayed or even cancelled if he/she fails to confirm the Control Centre about his/her booking 24 hours before the transfer, or if the Control Centre is unable to contact him/her before the transfer.

OTHERS

For comments or suggestion regarding the transfer services, please contact the NTEC NEATS Control Centre at 2645-3192 / 3919-7701 or address letters to the Control Centre directly.