



Patient Escort Information Sheet

Addressograph Label	John Smith
Client Label	
DOB mm/dd/yyyy	June 6, 1946
PHIN/MHSC#	123 456 789
HRN	

You are accompanying the above patient to assist with meeting their care needs for the duration of the transfer.

Appointment Date: September 18, 2024 Time: 1045
 Receiving Facility: St. Boniface Department: ECHO
 Address:
 Contact No.: (204) 235-3805
 Type of procedure/treatment: ECHO

Some examples of what you might be expected to provide:

- Assistance with equipment and the returning of the equipment to the sending facility if applicable.
- Working within your scope of practice to assist with care needs such as activities of daily living, toileting, positioning, transfers, assisting with meals, medication administration, management of indwelling catheters, drainage tubes, IV solution regulation, airway clearance, vital signs, etc.
- Provide a copy of the patient’s Advanced Care Plan Goals and Health Record to the sending facility.

Note: You will not be expected to provide technical assistance with unfamiliar procedures, perform tasks outside of your scope of practice or provide any care during the recovery of conscious sedation.

Contact the sending facility with any issues related to patient and/or transport

Sending Facility number: (204) 326-6411 ext. 2065

Additional information:

Pt is hard of hearing - left ear is worse than the right.
May need help with transfers - SBA or/assist
Wears a brief

Completed by: Signature Date: Dec14,2024