

Resident Escort Information Sheet

Addressograph Label Client Label DOB mm/dd/yyyy PHIN/MHSC# HRN

	as a trained escort to a diagnostic,
therapeutic procedure, consult, treatment or transfer to a meeting the resident's care needs while they are on the transfer.	nother facility. You are going with the resident to assist with ansfer.
Receiving Site:	Phone No
Type of diagnostic, therapeutic procedure, treatment, con-	sult, where applicable:
Appointment time:	
 Working within your scope of practice and to a daily living, toileting, positioning, transfers, ass drainage tubes, administration of medications clearance (for nurses), and vital signs (for nurses). Provide care in accordance with Safe Client Hampersonal accordance with Safe Client Hampersonal health information from the resonal care home, if needed. 	the equipment to the personal care home, if applicable. assist with care needs including, but not limited to, activities of sisting with meal, care of indwelling catheters and other (for nurses), IV solution regulation (for nurses), airway es).
Personal Care Home Contact Information: If there is a need to speak with a nurse from the personal of	care home, call the phone number below. The phone number
for MTCC is listed below to arrange a return inter-facility to PCH Phone #:	
Medical Transportation Coordination Centre Phone #: 1-8	
Additional information:	
Completed by:	Date:

Name & Designation