



Department of Health
 Government of Western Australia
 WA Country Health Service

Section E
PATS Office to complete

Surname	Given Names		DOB
Approved / Recommended	YES	NO	Comments
Patient			
Escort			
Requested mode of travel			

The Regional Specialist or DMO / SMO / Clinical Delegate must approve the PATS application if any of the following circumstances exist. Please indicate if any of these apply and forward application for endorsement or otherwise to the clinical delegate for your area / region.

Referral is to other than the nearest specialist. <input type="checkbox"/> & / Or	Air travel is recommended & trip is less than 16 hours by road. <input type="checkbox"/> & / Or	Other exceptional circumstance. <input type="checkbox"/>
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SECTION F
REGIONAL SPECIALIST / DMS / SMO OR CLINICAL DELEGATE TO COMPLETE

Approved / Recommended	YES	NO	Comments
Patient			
Escort			
Requested mode of travel			

Name	Signature
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Specialist / DMS / SMO / Delegate contacted by phone and verbal advice or approval given
 Yes No Signature & Title:

Comments / Notes

Signature of Incurring Officer / Delegated Financial Authority	Date
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SECTION G
PATIENT NOTIFIED OF OUTCOME PATS OFFICE TO COMPLETE

Date	Time	Name of notifying PATS Clerk
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Notified by
 Phone M W H Message left Spoke to Client
 Email
 Letter
 Fax
 Other

Other Notes

PATS Approval Code	Signature	Date
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PATIENT APPLICATION FOR PATS ASSISTANCE
 WA COUNTRY HEALTH SERVICE
 PATS 0.2