



Department of Health
Government of Western Australia
WA Country Health Service

Section D
Patient to complete

INSTRUCTIONS TO PATIENT

Please submit this PATS form to your PATS Office AS SOON AS POSSIBLE and PRIOR to any travel being undertaken. PATS applications do not grant automatic eligibility to assistance and may take up to ten working days to process.

1. PERSONAL DETAILS

| | | |
|-------|---------|-------------|
| Title | Surname | Given Names |
|-------|---------|-------------|

| | |
|---------------------|-------------------------------|
| Residential Address | Postal Address (if different) |
|---------------------|-------------------------------|

| | | |
|------------|--------|------------|
| Home Phone | Mobile | Work Phone |
|------------|--------|------------|

Email

Preferred Contact
 Home Mobile Work Email

| | | |
|----------------------|---|--|
| Date of Birth / / | Gender Male <input type="checkbox"/> Female <input type="checkbox"/> | Aboriginal / TSI Yes <input type="checkbox"/> No <input type="checkbox"/> |
|----------------------|---|--|

Are you a Permanent Country Resident? Yes No

Have you claimed PATS in the last 12 months? Yes No

Is this travel related to treatment covered by any of the following?
 Workers Compensation Motor Vehicle Insurance
 Veterans Affairs Employer funded travel

| | |
|---|-------------|
| Medicare Card Number & reference number | Expiry Date |
|---|-------------|

Do you have a Pensioner or Health Care Concession Card? Yes No
 If YES please provide details

Card Type
 Card Number
 Card Expiry

Concession card or card details must be provided for your concession status to be verified with Centrelink

Do you require assistance with personal care? Yes No

Do you use Silver Chain or HACC services? Yes No

Are you Centrelink eligible for a Carer? Yes No

2. APPOINTMENT DETAILS (Complete if details have not been provided by referring health practitioner)

| | |
|----------------------------------|-------------------------------------|
| Specialist name and phone number | Appointment date, time and location |
| | |
| | |
| | |

3. ESCORT DETAILS (Escort must be a responsible adult over 18 years of age)

| | | |
|-------|---------|-------------|
| Title | Surname | Given Names |
|-------|---------|-------------|

Special circumstances exist for the approval of an escort for PATS assistance.

PATS 0.2 WA COUNTRY HEALTH SERVICE PATIENT APPLICATION FOR PATS ASSISTANCE



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4. RELEVANT TRAVEL NOTES

Please note below any information relevant to your circumstances that needs to be made known to the PATS Office undertaking your booking. In the interests of safety, journeys by car over 750km one way are encouraged to be taken over 2 days.

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5. PATIENT / GUARDIAN DECLARATION

I give permission to my Medical Practitioner to provide medical information to the PATS Office to support my application for PATS if required.

Yes No

I certify that the information above is correct at the time given. I agree that I will repay the WA Country Health Service any cost incurred should I fail to use the pre-booked travel or fail to attend appointments.

Patient / Guardian Signature

Date

If you require further information about PATS please contact

Health Info line 1300 135 030 or www.wacountry.health.wa.gov.au

6. DATE APPLICATION RECEIVED BY PATS OFFICE

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