

## **Patient Referral Form**

**“PM Shree Air Ambulance Service Madhya Pradesh”**

1. Name of Patient.....
2. Father/Spouse Name .....
3. Age ..... Gender .....
4. Address .....
5. Block.....District .....
6. Contact no of Patient/Attendants.....
7. Whether Ayushman Card Holder (Yes/No) .....Card No.....
8. Chief Complain.....
9. General Condition of patient.....
10. Vitals: (Stable/Unstable).....
11. Referring Physician Name & Designation.....
12. Referral Note of Physician.....  
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13. Date & time of referral.....Date & time of Air lift.....
14. Referring Hospital Name.....Contact No.....
15. Receiving Hospital Name..... Contact No.....
16. Category of Transportation (Within Division/Out of Division/Out of State) .....
17. Type of Air Transportation recommended (Free/Paid).....
18. Name of recommending Authority..... Designation.....
19. Name of Approval authority..... Designation.....
20. Confirmation of Bed availability from Destination Hospital is taken by recommending authority (Yes/No) .....
21. Name, designation & Contact no of person in Destination Hospital.....  
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22. Advance Life Support (ALS) Ambulance arranged for Pick-up the patient to & from Airport in Source & destination District (yes/No) .....
23. Ambulance registration No.....Contact No.....
24. Note of Air Ambulance medical Team.....  
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25. Remark (if Any) .....  
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Signature & Seal of  
recommending Authority

Signature & Seal of  
Approving Authority