

Isolated Patients Travel and Accommodation
Assistance Scheme (IPTAAS)

IPTAAS Doctor Referral Form

Referring Doctor: This section only needs to be completed on the first visit to a new specialist. Subsequent visits to the same specialist do not require an IPTAAS Doctor referral form. This referral is valid for 24 months.

If you are required to travel by air, your medical practitioner should call your local IPTAAS office to obtain an air approval number prior to flying

1. PATIENT DETAILS

Title	Surname	Given name	Middle name	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

2. REFERRING DOCTOR DETAILS

Doctor name	Contact phone number
<input type="text"/>	<input type="text"/>
Practice address	Postcode
<input type="text"/>	<input type="text"/>
Email address	Medicare provider number
<input type="text"/>	<input type="text"/>

3. TREATING SPECIALIST DETAILS

Specialist name	Contact phone number
<input type="text"/>	<input type="text"/>
Is this the nearest specialist?	
Yes <input type="checkbox"/> No <input type="checkbox"/> Give reasons why the patient has not been referred to the nearest specialist	
<input type="text"/>	

4. ESCORT DETAILS

An escort is a person who, for medical reasons, is required to accompany an IPTAAS patient while travelling to specialist medical treatment. Patients under the age of 17 years are automatically entitled to one escort/carer.

Does the patient require an escort/carer?

During travel	No <input type="checkbox"/> Yes <input type="checkbox"/>	If 'Yes', specify below the medical reason(s) why an escort/carer is required to travel and/or remain with the patient during specialist treatment
During treatment	No <input type="checkbox"/> Yes <input type="checkbox"/>	

Specify the medical reason(s) why an escort/carer is required to travel and/or remain with the patient during specialist treatment

5. AIR TRAVEL DETAILS (if required)

If air travel is necessary for medical reasons, the referring practitioner must obtain approval by calling the local IPTAAS office before each journey.

Does the medical condition of the patient require air travel?

Forward	No <input type="checkbox"/> Yes <input type="checkbox"/>	Return	No <input type="checkbox"/> Yes <input type="checkbox"/>
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Prior approval number

6. CERTIFICATION BY DOCTOR OR AUTHORISED REPRESENTATIVE

I certify that the information in this form is true and correct.

Signature

Date

 / /

Full name

Position title of person signing Section 6

Privacy Note: The information contained in this application is protected by law from unauthorised access and misuse. The information will only be accessed by health service staff directly involved in providing services to the applicant, or with other lawful excuse.