Armstrong AMBULANCE SERVICE
Over 60 Years of Excellence in Service

PHYSICIAN CERTIFICATION STATEMENT AMBULANCE TRANSPORTATION

Patient's Name: _____ DOB:_ _____
Date(s) of Ambulance Transport:_____ Thru:_____
Physician's Name:_____ Office Phone:_____
Physician's Address:_____

In my professional opinion, the above named patient cannot be safely transported by any means other than an ambulance with medically-trained personnel. (Please check ALL that apply.)

This patient: ☐ has ☐ paralysis ☐ has amputations (identify site) _____
- ☐ is unable to get up from bed without assistance.
- ☐ is unable to ambulate without assistance.
- ☐ is unable to sit in a chair or wheelchair without risk of fall without assistance.
- ☐ requires exit via ☐ stair chair ☐ stretcher, scoop or backboard.
- ☐ requires 2 or more attendants to transfer.
- ☐ total body lift from ☐ bed to stretcher. ☐ stretcher to bed.
- ☐ total body lift from chair to stretcher.
- ☐ has major orthopedic device applied (halo traction, spine board).
- ☐ for special handling due to pain (specify) _____
- ☐ for special handling due to decubiti (enter site, stage)_____
- ☐ for special handling due to recent post-op hip fracture (enter site, date) _____
- ☐ for special handling due to obesity (enter weight) _____
- ☐ for special handling due to contractures (enter site) _____

☐ requires an EMT attendant during transport:
- ☐ for airway monitoring and possible suctioning.
- ☐ for non self-administered oxygen ____ lpm.
- ☐ for isolation precautions (MRSA/VRE).
- ☐ for monitoring due to a behavioral or cognitive risk (check below):
  - ☐ patient is drowsy, ☐ medicated with _____,
  - ☐ agitated, ☐ confused, ☐ incoherent, ☐ blind, ☐ deaf, ☐ non English speaking
- ☐ for monitoring due to a high risk for fall.

☐ other (explain the checkbox above **or** give other reason): _____

Current Diagnoses and Medical History:

Signature: _____ _____
(Signature of MD, PA, NP, CNS, RN or Discharge Planner ordering the above services) Date of Signature

Print Name and Title: _____

PLEASE FAX TO: (781) 643-0409