**SSC Secure Transport Booking Form**

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| **Patient details** |
| Service User’s Name:  |  |
| Gender: |  |
| DOB: |  |
| Patient NHS number: |  |
| MHA Status:  |  |
| **Conveyance details** |
| Pick up date: |  |
| Pick up time:  |  |
| Pick Up address: |  |
| Pick Up Postcode: |  |
| Pick up ward:  |  |
| Phone number: |  |
| Destination: |  |
| Destination postcode: |  |
| Destination ward:  |  |
| Phone number: |  |
| Number of Escorts required from SSC:  |  |
| Vehicle Type: (*Cell / Low Secure / Stretcher or wheelchair accessible*): Please note we do not transfer bariatric patients. Any patients who require oxygen must be accompanied by hospital nurse and carry their own oxygen. |  |
| Journey Type *(Single / Return*): |  |
| Risk Assessment*(Please include as much relevant detail as possible)*: **R**esistance / willingness to go.**E**scape / absconding risk**V**iolence**A**ggression**M**obility**P**hysical health**S**elf-harm |  |
| ETA is 2h. We will update you if different. |
| Booking Reff Number: |  |

[www.sscsecuretransport.co.uk](http://www.sscsecuretransport.co.uk) Tel.: 07958 372 471

**Compassion - Respect - Empowerment - Partnership**