



# SSC SECURE TRANSPORT

## INFORMAL PATIENT TRANSPORT FORM

Please email this together with the Authorisation Form to  
**bookings@sscsecuretransport.co.uk**

An assessment of any informal patient's capacity to decide whether they want to be conveyed must be completed. The patient may be transported in the absence of their consent only when the patient both lacks capacity to make this decision and it is in their best interest.

Patient Initials: \_\_\_\_\_ Male  Female  DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

I confirm that I have performed a capacity assessment of the informal patient's ability to decide whether they should be transported

**From** \_\_\_\_\_

**To** \_\_\_\_\_

YES NO

1. The patient is able to understand information they are given about the decision to be made	_____	_____
2. The patient is able to retain that information for long enough to make the decision	_____	_____
3. The patient is able to weigh the information as part of the decision making process	_____	_____
4. The patient is able to communicate their decision (by any means)	_____	_____
5. The patient has capacity to decide <i>If the patient lacks capacity please complete sections 6 and 7.</i>	_____	_____
6. It is in the patient's best interests to be conveyed to the destination	_____	_____
7. If so, why it is in the patient's best interests: _____	_____	_____

Form completed by:

**Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_