Physician's Certification Statement

Patient: ____________________ Run#:_____________________
(to be filled in by EMS Provider)

Medicare#:_________________ Date of Service: _____________

Origin:____________________ Destination: ________________

Level of Care Required:

1. Is the treatment for which the patient is being transferred available at the hospital of origin?
   Yes_____No______
2. If treatment is not available, what is the specific service(s) for which the patient is being transported?

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Patient's Ambulatory Status:

1. Can the patient sit up in a chair? Yes_____________No______
2. If patient can sit in a chair, amount of time patient can tolerate sitting: _____________________
3. If patient is confined to bed, what movement limitations prevent the patient from getting out of bed (i.e. location of any paralysis; balance limitations; etc.)?

   ____
4. What illness created the movement limitations in #3? ______________________________________

Other Conditions: (check all that apply)

- ○ Unable to stand and pivot without assistance
- ○ Severely decreased level of consciousness
- ○ Oxygen administration or portable ventilator
- ○ Monitoring of prescribed I.V. medication(s) by portable I.V. pumps (ALS service only)
- ○ Cardiac monitoring ECG
- ○ Airway monitoring and suctioning
- ○ Physical restraining (leather, soft or Posey restraint and/or sedation) required to prevent elopement, and or injury to patient or others.
- ○ Bedridden due to atrophy or paralysis
- ○ Debilitated Post-Op recovery
- ○ Bedridden due to fracture, post fracture, or unset fracture.
- ○ Chemical sedation requiring monitoring
- ○ ALS for precautions (Describe below)
- ○ Wound precautions (Decubitis Ulcer or Bed sore)
- ○ Maintenance of IV fluids or port

Signature _____________________________________Title________Date______________

ONLY A PHYSICIAN, RN, DISCHARGE PLANNER, PHYSICIAN ASSISTANT, NURSE PRACTIONER, OR CLINICAL NURSE SPECIALIST CAN SIGN THIS FORM

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Name Printed

TO BE COMPLETED BY AMBULANCE: MedRide Oklahoma Critical Care Transport

4225 SW 44th St. Oklahoma City, OK 73119

405-685-8267

PLEASE COMPLETE AND SIGN THIS FORM AND GIVE TO TRANSPORTATION PROVIDER