ALTERNATE CARE SITE
PATIENT TRANSPORT WORKSHEET

Date:_____ Location:_____

Patient Transportation Unit Leader:_____

G (Guerney) W/C (Wheelchair) A (Ambulatory)

Patient Ready	Patient Mobility	Mode of Transportation	Transport Unit ID	Patient Name	Triage Tag #	Destination	Depart Time
	G W/C A						
	G W/C A						
	G W/C A						
	G W/C A						
	G W/C A						
	G W/C A						
	G W/C A						
	G W/C A						
	G W/C A						
	G W/C A						