



Uchucklesaht

Uchucklesaht Patient Travel Request Form

Patient Information

NAME OF PATIENT: (please print) _____

PATIENT'S Physical address: _____

Mailing address: (if different from above) _____

Band Name: _____

Status #: (10 digits) _____ **Birth Date:** (D/M/Y) _____

Phone number: _____

Appointment Details

Appointment Date: _____ **Appointment Time:** _____

Place of appointment: _____

Purpose of appointment: _____

DOCTOR'S NAME and #: ****_****

Specialist Name and #: _____

****Do you need UTG for travel support (driver) Y ____ N ____

If an Escort is needed, please fill out the following:

Reason for Escort (driver): _____

DRIVER: Escort Contact Number: _____

Is Escort using own vehicle: Y ____ N ____

If not, what method of transportation is being used: _____

Requesting Accommodations: Y ____ N ____

PLEASE NOTE:

In order to be processed, this form must be completed in full. (All information must be provided at time of submission.)

I confirm that the information provided above is true and correct. I understand that if I am unable to attend the above appointment, I am responsible to return all funds, warrants, and purchase orders immediately to the Travel Clerk or I will be asked to repay the amounts used before and further travel request will be processed.

Patient Signature

Date Signed

Please return to Travel Clerks (Sabrina or Dennis) at Nucii or by email at humanservices@uchucklesaht.ca at least ONE week prior to travel.