



Request for Non-Medical Escort Form

The Non-Insured Health Benefits (NIHB) policy for Non-Medical Escorts is found in Section 5.5 of the July 2005 NIHB *Medical Transportation Policy Framework*. The provision of a non-medical escort may be approved, following a physician's or community health professional's* **request**, only when there is a legal or medical requirement. Non-medical escorts **cannot** be considered based on 'compassionate grounds' (Section 12.1 Exclusions)

**Community Health Professional is a health professional who is a member in good standing of a professional association*

Section 1 - Client Information

Client's Full Name: _____

Date of Birth: ____ / ____ / ____
Day/Month/Year

Client ID #: _____

CLIENT CONSENT FOR RELEASE OF INFORMATION (to enable physician to provide the information; consent is not needed by NIHB)

I consent to the disclosure of any personal medical information to NIHB to support the request for a non medical escort.

Client Signature: _____

Date: _____

Section 2 - Medical Information *This section must be completed by a Physician/Community Health Professional. All information must be provided in order for the request to be considered*

As the treating Physician/Community Health Professional I am familiar with this client's medical condition and consider it necessary for my client to have a non medical escort. Therefore I recommend that a non medical escort is required for all the following: (check all that apply)

- while the client is travelling **to and from the medical appointment**
- while the client is **admitted to hospital**
- while the client is **staying near the hospital**, as instructed, after surgery
- other (please describe) _____

INDICIATE ALL CRITERIA THAT APPLY AND PROVIDE THE LEGAL/MEDICAL OPINION TO SUPPORT THE REQUEST:

- The client has a physical/mental disability of a nature or due to a current medical condition he or she is unable to *travel* unassisted (requires help with activities of daily living);
- The client is medically incapacitated;
- There is a need for legal consent by a parent or guardian;
- A language barrier exists to access medically required health services and these services are not available at the referred location; or
- There is a need to receive instructions on specific and essential home medical/nursing procedures that cannot be given only to the client.

Medical details to support this request (MUST BE COMPLETED):

Physician/Community Health Professional Signature _____

Physician/Community Health Professional Name (please print): _____

Telephone Number: (_____) _____ Date: _____

Section 3 - NIHB Use Only

NIHB Notes: _____

Regional Physician Advisor Comments: _____

Fax this completed form to:
Non-Insured Health Benefits, First Nations & Inuit Health
Atlantic Regional Office, Health Canada
Suite 1525, 15th Floor, 1505 Barrington Street
Halifax, NS B3J 3Y6
Telephone: 1-800-565-3294 Fax: 1-866-963-7700