

**BEFORE OUR VET/MEMBER LEAVES WITH TRANSPORT TO AN
OUTSIDE APPOINTMENT,**

PLEASE CHECK THE FOLLOWING:

Resident Name _____ Date: _____

Y/N Paperwork is complete:

Y/N Face sheet

Y/N MAR

Y/N Blank Physician Orders

Y/N Has the resident been toileted recently?

Y/N Veteran/Member clothing is without
rips or holes.

Y/N Veteran/Member clothing clean.

Y/N Is a jacket or sweater needed?

Y/N Do they have proper footwear on?

Y/N/NA Glasses are on and clean.

Y/N/NA Dentures clean and in.

Y/N/NA Hearing Aids in and working.

Y/N Their hair is combed.

Y/N Face and hands are clean.

Y/N Do they need Oxygen?

Y/N Is the tank full?

Y/N Is the tank turned on?

Y/N Is the nasal cannula clean?

Y/N Is the foley drainage bag empty?

Y/N Is the drainage bag covered?

Y/N Is the wheelchair clean

Y/N In working condition?

Y/N Footrests attached?

Y/N **They received their "TO GO" meal?**

Signature of sending LNA _____

Signature of transport LNA _____

This form is to be clipped to the envelope in which the night nurse places the paperwork for the outside appointment. This form should be completed at least 15 minutes prior to pick up time. The receiving transport LNA shall verify its completeness and cosign the form.