Alberta Health Services

RAAPID Repatriation/Transfer Request

Contact Information
RAAPID North
Phone: 780.735.0400 Fax: 780.735.0114
RAAPID South
Phone: 403.944.4488 Fax:403-944-6707

Please ensure repatriation planning is discussed with the patient and family

Most Responsible Practitioner Information		
Name *(last, first)*	Contact #	Service/Specialty

Sending Facility Information			
Facility Name		Unit #	Unit Phone #
**If Out-of-Province/ Country →	Province/State	City	Country

Patient Information		
Name *(last, first)*	Health Care#	Date of birth *(yyyy-mon-dd)*

Care Information	
Diagnosis at the time of repatriation/transfer	Date of Admission *(yyyy-mon-dd)*
Goal of Care Designation *(Code Satus)*	Anticipated date of discharge *(yyyy-mon-dd)*
Recent surgeries, procedures, treatments	

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Past Medical History *(check all the apply)*

☐ Mental Health Issue	☐ Heart Failure	☐ Renal Failure
☐ Stroke / TIA	☐ Pacemaker / Defibrillator	☐ Diabetes
☐ Dementia	☐ Coronary Artery Disease	☐ Isolation
☐ Hypertension	☐ Chronic Lung Disease	☐ Seizure Disorder
☐ Atrial Fibrillation	☐ COPD	☐ Congenital Anomaly
☐ Congenital Heart Disease	☐ Asthma	☐ Medication Reconciliation

☐ Other: _____

Patient Care Needs / Assessment *(check all the apply)*

Mental State

☐ Alert & Oriented ☐ Confused ☐ Combative ☐ Wandering Risk ☐ Formed

Bowels/Bladder

☐ Independent ☐ Requires Assistance ☐ Dependent

Ambulation

☐ Independent ☐ Requires Assistance ☐ Dependent

Diet

☐ Independent ☐ Requires Assistance ☐ Dependent

Details

Attachments *(check all the apply)*

☐ Oxygen	☐ Urinary Catheter
☐ Tracheostomy	☐ Ostomy
☐ Cardiac Monitor	☐ PICC/CVC
☐ Wound Vac	☐ Restraints
☐ NG/PEG/PEJ Tube	☐ Pumps
☐ Chest Tube	

Details

Transport Needs

☐ Weight greater than 300 lbs ☐ Transport team required

Other History

Integrated Plan of Care *(Identify reason for repatriation/transfer request)*