



Bridge/Ferry Pass Travel Request Form

Second dose vaccination date required for Northumberland Ferry travelers, and/or if you are applying for hotel accommodations through Hope Air's program

Has patient used Hope Air before?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Is appointment covered by provincial health plan?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Does patient have out of province approval letter from Health PEI? (if so, please forward to skaesler@hopeair.ca) <i>*if you do not have your approval letter, please contact your referring physician's office, and ask them to send a referral request to Arlene Powers at Health PEI*</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Does patient have diabetes?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If yes type 1, type 2, or other?	<input type="checkbox"/> TYPE 1	<input type="checkbox"/> TYPE 2	<input type="checkbox"/> OTHER

PATIENT INFORMATION

PATIENT NAME:	
DATE OF BIRTH:	
CELL PHONE NUMBER:	HOME PHONE NUMBER:
PATIENT EMAIL OR EMAIL TO FOLLOW UP WITH:	
MEDICAL CONDITION PATIENT IS BEING SEEN FOR:	
HOME ADDRESS:	

HOUSEHOLD INCOME

Number of adults and children	ADULTS:	CHILDREN:
Please enter below: Name of each household member, and each source of income each person receives, gross annually (i.e. Lisa, full time employment \$30,000. Bill, old age security pension, \$5,000)		
MEMBER 1:		
MEMBER 2:		
MEMBER 3:		
MEMBER 4:		
MEMBER 5:		

MEMBER 6:
CHILD BENEFIT, SUPPORT PAYMENTS, ETC. FOR CHILDREN:

✈ TRAVEL AND APPOINTMENT INFORMATION

Please indicate bridge or ferry pass: If ferry pass, please provide 2nd vaccination dose date of those boarding

APPOINTMENT DATE:	APPOINTMENT TIME:
APPOINTMENT DR.'S NAME:	DR.'S TELEPHONE NUMBER:
NAME OF HOSPITAL/FACILITY:	
DATE WILL BE CROSSING THE CONFEDERATION BRIDGE/FERRY:	

🏠 ACCOMMODATIONS

Please note: We can only cover the cost of one hotel room, with 2 beds max. We can only cover up to 5 nights. We cannot cover the cost of a room for the driver/escort only. The patient must be staying with the person as well. (i.e. if patient will be travelling the day before surgery, we'll book a one night stay with patient and escort, but escort will need to find their own place to stay.

Hotels ask for a security deposit in the form of a credit card, or cash (if you do not have a credit card, please contact the hotel to ask if they will accept a cash deposit)If ferry pass, please provide 2nd vaccination dose date of those boarding

GUEST 1: *ALL INFORMATION ABOUT GUEST IS REQUIRED

FULL NAME:	
DATE OF BIRTH:	DATE OF SECOND VACCINATION:

GUEST 2: *ALL INFORMATION ABOUT GUEST IS REQUIRED

FULL NAME:	
DATE OF BIRTH:	DATE OF SECOND VACCINATION:

GUEST 3: *ALL INFORMATION ABOUT GUEST IS REQUIRED

FULL NAME:	
DATE OF BIRTH:	DATE OF SECOND VACCINATION:

GUEST 4: *ALL INFORMATION ABOUT GUEST IS REQUIRED

FULL NAME:	
DATE OF BIRTH:	DATE OF SECOND VACCINATION:

Check in and check out date (For all guests listed)	CHECK IN:	CHECK OUT:
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