

AMBULATORY CARE – PATIENT ELIGIBILITY CHECKLIST			
Patient Name:		Date of Birth	
CHI:			
Address:			
Telephone/ Mobile No			

PATIENT CRITERIA	YES	NO	Initial
Has read and understood information leaflet on ambulatory treatment and has had opportunity to ask questions and have these answered to their satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	
Has received the Ambulatory Care consent form which will be signed with their carer at second visit	<input type="checkbox"/>	<input type="checkbox"/>	
Will be staying within 1 hour in rush hour traffic of the hospital, calculated via AA route planner	<input type="checkbox"/>	<input type="checkbox"/>	
Has a digital thermometer and is able to measure their temperature correctly	<input type="checkbox"/>	<input type="checkbox"/>	
Has 24hr access to a mobile phone and charger with the ability to communicate with staff via telephone	<input type="checkbox"/>	<input type="checkbox"/>	
24 hour access to private transport via nominated carer	<input type="checkbox"/>	<input type="checkbox"/>	
Is able to speak, read, write and understand English	<input type="checkbox"/>	<input type="checkbox"/>	
Will have a Nominate Carer stay with them (24hr/ day) during their Ambulatory Care period	<input type="checkbox"/>	<input type="checkbox"/>	
Has adequate mobility and performance status to be considered for ambulatory care.	<input type="checkbox"/>	<input type="checkbox"/>	

COMMENTS		
Please highlight any features which may put the patient at risk or effect patient eligibility. Abnormal blood results do not necessarily prevent ambulatory care option.		
Eligibility Criteria Outcome: <i>*Delete as appropriate</i>	Eligible for Ambulatory Care	Not Eligible for Ambulatory Care <i>(Please detail reasons above)</i>
Name:		Signature:
Position:		Date: