



St John
Here for Life

Ambulance request form

For all patients who have been assessed by a health professional call **0800 262 665**

- If it is immediately life-threatening press 1
- For all other patients press 2.

1. Has the patient been assessed by a doctor, registered nurse or midwife? Yes No



Call 0800 262 665

Call 111

2. Is the patient's condition **immediately** life threatening? Yes No

3. What is your diagnosis (the patient's chief complaint)?

4. Are there any concerning symptoms/abnormal vital signs?

6. Patient name:

Male Female Age: _____

7. Patient NHI (if known):

_____ DOB: _____

8. Destination/hospital:

9. Treatment already provided or treatment required by Ambulance?

Remember: if the patient's situation changes, call us back immediately on 0800 262 665.