



**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)?

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

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5. Patient name:

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Male  Female Age: \_\_\_\_\_

6. Patient NHI (if known):

\_\_\_\_\_ DOB: \_\_\_\_\_

7. Destination/hospital:

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8. Treatment already provided or treatment required by Ambulance?

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