**Instructions for filling out Physician Certification Statement (PCS)**

**PLEASE PAY CLOSE ATTENTION TO THE HIGHLIGHTED AREAS**

**Section I –**

Please refrain from using stickers – Patient Name, DOB, Medicare # if applicable, Transport Date, Origin, Destination and closest appropriate facility **must** be filled out.

If applicable-Hospital-Hospital transfer you must describe the services needed at @ 2nd hospital that is not available at 1st hospital.

If applicable-If hospice patient please check off if transport is related to patient’s terminal illness. If patient is going to hospice but is not yet enrolled please mark no and describe –Patient enrolled into hospice upon arrival to Elizabeth House, Residence, SNF etc.

**Section II –**

1. Please describe the medical condition of patient that requires patient to be transported by ambulance.

* Please **do not** put bed bound. I need a description. Below are some examples:
* Hx CVA with Left side paralysis
* Left hip fracture s/p ORIF on dislocation precautions
* Dementia/confusion unable to follow simple commands.

2. Is this patient “bed confined”? This question is often marked incorrectly. In order to be bed confined that patient must satisfy **ALL THREE** of the following

* 1. unable to get up from bed without Assistance
* 2. unable to ambulate
* 3. unable to sit in chair or wheelchair.
* You may have assisted getting the patient up from the bed and transfer to a chair/wheelchair . That does not qualify the patient being bed bound because they are able to sit.

3. Can this patient safely be transport by car or wheelchair van? If the answer to this question is yes you must either call a taxi service or a wheelchair van service.

4. Please check off any of the following conditions that apply to the patient. Note that supporting documentation for any boxes checked must be maintained in the patient’s medical records.

**Section III –**

Must be signed by either of the following MD, DO, RN, physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, Discharge

**All forms must have Signature, Printed Name, Date and box checked off for credential.**

**\*\*A patient does not have to be bed bound to be transported by stretcher but other means of transportation have to be contraindicated and it must be documented and supported on the PCS form.**

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