ModivCare Checklist for Scheduling Hospital Discharges

Patient Information

Medicaid ID Number	
First Name	
Last Name	
Date of Birth	
Home Address Street	
Home Address City	
Home Address ZIP	
Hospital Name	
Room # & Bed #	
Nurse's Station Telephone Number	
Date and Time Patient Will be Ready for Discharge	
Is the patient traveling alone?	

Mode of Transportation Requested

Livery	
Ambulette/Ambulatory	
Ambulette/Wheelchair	
Stretcher Van	
Basic Life Support Ambulance	
Advanced Life Support Ambulance	

Transportation Vendor

Preferred Transportation Vendor Name	

Trip Information

Destination Address Street	
Destination Apartment Number	
Destination Address City	
Destination Address ZIP	
Number of stairs at destination	
Does the destination have a ramp?	
Does the destination have a working elevator?	

If patient is **WHEELCHAIR-BOUND**:

Is wheelchair electric?	
Is wheelchair manual?	
What is the approximate weight of the patient?	

If patient requires **AMBULANCE**:

What is the approximate weight of the patient?	
What type of medical monitoring does the patient need en route?	
Does the patient have any special needs during transport?	