

OFFICE USE ONLY		
Date of travel _____	Notified <input type="checkbox"/>	Program explained <input type="checkbox"/>

The following persons are not eligible for medical travel benefits through this program.

- Employees who are injured or taken ill in the course of their employment are covered by the Yukon Workers' Compensation Health and Safety Board.
- Status persons, members of the Armed Forces, Canada Post, the RCMP and Federal Government employees, their spouses or dependents are covered under other Federal or Yukon Acts.

Drop off
4th floor
Financial Plaza Building
204 Lambert Street
Whitehorse, Yukon
Phone (867) 667-5203 or (867) 667-5233
Fax (867) 393-6486

Mail
Medical Travel, Health Services, H-2
Box 2703
Whitehorse, Yukon
Y1A 2C6

PART 1: PATIENT INFORMATION (The following information is required prior to review of application)

Name _____ Birthdate _____
Last name First name Initial Year/Month/Day

Address _____

Yukon Health Care Number 002 _____ Telephone (h) _____ (w) _____

PART 2: MEDICAL INFORMATION

Diagnosis _____

Consultants seen in Whitehorse _____

Name / Date _____

Appointments Date/Time	List all services - Specific name of procedure, surgery, test, consult	Doctor First Name/Last Name	Doctor Specialty (mandatory)	Name of Facility	Admission – Yes Estimated days

PART 3: TRAVEL INFORMATION

From _____

Destination	Transportation	Special instructions
Vancouver <input type="checkbox"/>	Scheduled air <input type="checkbox"/>	Needs wheelchair assistance <input type="checkbox"/>
Edmonton <input type="checkbox"/>	Driving <input type="checkbox"/>	Other _____
Calgary <input type="checkbox"/>	Bus <input type="checkbox"/>	_____
Other <input type="checkbox"/>	Medivac <input type="checkbox"/>	_____

Referred by _____

ORIGINAL SIGNATURE OF AUTHORIZED PRACTITIONER DOCTOR NUMBER DATE

Reasons why this patient must travel for medical treatment _____

Escort name—please state medical reasons for escort (ie; under 19, mobility, etc.) _____

Travel: OFFICE USE ONLY

Departure date _____ a.m. flight
 p.m. flight

Return date _____ a.m. flight
 p.m. flight

PART 4: OFFICE USE ONLY approved

YHCIP verification _____ not approved

MEDICAL OFFICER OF HEALTH FOR MEDICAL TRAVEL

Notice to clients: Information is being collected under the authority of the *Travel for Medical Treatment Act* for the purpose of determining program eligibility. Queries should be directed to the Director, Health Care Insurance Services, at (867) 667-5202 or toll free 1-800-661-0408, local 5202.