



LIFESAVE
TRANSPORT

Bariatric Patient Document

Date: _____ Sending Facility: _____ Patient Name: _____

Please contact the LifeSave Communications Center at 877-213-5433 or fax this form to 316-260-4873 with the following information:

Patient Height: _____ (*inches*)

Patient Weight: _____ (*pounds*)

Measure the patient from hip-to-hip and shoulder-to-shoulder starting and ending at the outer edges of the body. Do not measure AROUND the patient to get circumference. The goal is to measure the widest parts of the patient in order to see if the patient is capable of fitting through the aircraft doors. Reference diagram below.

Hip-to-Hip: _____ (*inches*)

Shoulder-to-Shoulder: _____ (*inches*)

** Wider patients sometimes can be maneuvered to fit into the aircraft. This depends on equipment the patient is on and if the patient can tolerate being repositioned to their side for a brief period of time.

Patient can tolerate being repositioned to their side for a brief period of time: YES NO

**Please include this document in the LifeSave Packet given to medical crew.*

