PROEDURE: DOCUMENTATION OF TRANSFER

1. Date: ___________________________  Name: ___________________________  Hosp. #: ___________________________

2. Physician:
   A. Decision to transfer due to diagnosis  □
   B. Decision to transfer due to patient request.  □

3. Name of Receiving Facility Accepting Patient: ___________________________

4. Name of Receiving Physician Accepting Patient: ___________________________

5. Transfer by:
   A. Private car  □
   B. Non-emergency ambulance with EMT  □
   C. Emergency transfer with paramedic or nurse  □
   D. Helicopter service: ___________________________  Name Of Service: ___________________________

6. Stabilization of Patient:  
   Physician must circle A, B, or C below as applicable.

   A. I certify that the patient suffered from an emergency medical condition but was stabilized at the time of transfer. The patient has been informed of the risks and benefits of transfer. The risks of transfer include: ___________________________
      These potential benefits of transfer include: ___________________________

   B. I certify that patient suffered from an emergency medical condition and was in an unstabilized condition and based upon the reasonable risks and benefits and upon the information available at the time, the benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risk to the individual’s condition from effects of the transfer. The risks of transfer include: ___________________________
      These potential benefits of transfer include: ___________________________

   C. The patient or the patient’s representative is requesting transfer in writing, said request is being made against medical advice and after being informed of the risks and benefits of transfer. The risks of transfer include: ___________________________
      These potential benefits of transfer include: ___________________________

7. Physician signature: Dr.: ___________________________  Date: ___________________________

   If physician is not physically present at the time of transfer, signature of qualified medical person after direct consultation with physician. For physician by: ___________________________

   Subsequent countersignature by Dr.: ___________________________

8. Sent to receiving facility:
   Records related to emergency medical condition  □

   Results of any tests: (circle)  lab  x-ray  ABG  EKG  □

   Informed Written Consent of Patient (copy):  □

   Other: ___________________________  □

9. Nursing information communicated to receiving nurse:  □ YES
   Name of Receiving Nurse: ___________________________