



TRANSFER

Archbold Memorial

Patient Label

Archbold Brooks

Archbold Grady

Archbold Mitchell

**PATIENT TRANSFER ORDER AND ACKNOWLEDGEMENT FORM FOR
EMERGENCY MEDICAL CONDITION**

Diagnosis: _____

Reason for Transfer: _____

Medical Benefits of Transfer: ↑ level of care Specialty needed for care Other: _____

Medical Risk of Transfer: deterioration of condition death Other: _____

Medical Risk of Transfer of fetus, if applicable: deterioration of condition death Other: _____

Choose one:

- EMERGENCY TRANSFER:** Upon examination of this patient, I certify that based on available information and reasonable risks and benefits to the patient, the medical benefits reasonably expected from the provision of appropriate medical treatment at another facility outweigh the risk associated with not being transferred or the transfer itself.
- STABLE TRANSFER:** Upon examination of this patient, I certify that the patient is not in active labor and/or is stabilized so that no material deterioration in condition, within reasonable degree of medical certainty, is likely to result from this.

Physician Signature

Date/Time

TRANSFER ACCEPTANCE

Receiving Facility: _____ Telephone Number: _____

Accepting Physician: _____ Contacted By: _____ Time: _____

Transfer Accepted By: _____ Time: _____

Nurse Report Given To: _____ By: _____ Time: _____

Mode of Transfer: Ambulance/ALS Ambulance/BLS Helicopter Other: _____

Name of Transfer Service: _____ Contacted By: _____ Time: _____

Medical Records Sent/Faxed: ED Chart H&P Labs X-Ray Other: _____

Vital Signs at Transfer: Time: _____ T _____ BP _____ P _____ R _____ O2 Sat _____ (If indicated)

Nurse Signature

Date/Time

CONSENT/REQUEST FOR TRANSFER

I understand the following:

- All the transfers have the inherent risk of traffic delays, accidents during transport, inclement weather, rough turbulence
- Any medical care needed during transport will be provided by the transferring staff and be subject to limitations of equipment and personnel.

If applicable:

Consent: I understand the risks and benefits of the transfer as outlined above and consent to the transfer.

Request: I hereby consent and request upon my own suggestion and not that of the hospital, physician or other person associated with the hospital, that I be transferred to _____ (hospital) for the following reason _____ and am aware of the risk and benefits thereof and the Hospital's obligation to provide stabilizing treatment within its capabilities and capacity regardless of the ability pay.

Refusal: I hereby refuse to be transferred to another facility. The risk and benefits of refusing this transfer has been explained to me or individual acting on my behalf.

Unable to obtain consent for transfer: Reason _____

Signature: _____ Relationship: _____

Witness: _____ Date: _____ Time: _____

Interpreter ID #: _____