

McLaren Print System Order

Order No: 9476
 Order Date: 2015-02-27
 User: Sandra Dodge
 Phone: 810-342-2308

Ship Location: Sandy Dodge
 401 South Ballenger Highway
 Flint, Mi 48532

Forms
 Quantity: 500
 Paragon Dept No: 31010
 Dept Name: Emergency
 Company Number: 60

Order Total Price: 24.90

Item Number: MHC-CC0125
 Item Description: Patient Transfer Consent Form
 Revision Date: 9/7/2012
 Print: 2 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish:
 Drill: 5 Hole Top
 Misc Info:

McLaren Health Care Corporation (MHC)
 PATIENT TRANSFER CONSENT FORM

SECTION TO BE COMPLETED BY THE PHYSICIAN

I. Patient Condition
 Does the patient have an emergency medical condition? Yes No

Select One:
 Stable: The patient has been admitted with that other emergency medical condition, no medical deterioration of the patient's condition is likely to result from transfer. No other significant risks have been identified or associated with the patient's condition.
 Deteriorating Condition: Other emergency medical condition, no medical deterioration of the patient is likely to result from transfer.
 Unstable: The patient's condition can not be assessed prior to transfer.
 Unknown: The patient is a pregnant woman having contractions and there is inadequate time to safely transfer her to another facility before delivery or before she reaches a point of care in the course of the transfer to the patient's care.

TO BE COMPLETED WHILE TRANSFERRING AN UNSTABLE PATIENT

The patient's emergency medical condition has not been stabilized. I have explained the risks and benefits of transfer and medical treatment at the receiving facility.
 I certify that based on the resources available and reports to the patient, and based on information available at the time of the patient's examination, the medical benefits reasonably expected from the provision of appropriate medical treatment at another facility outweigh the potential risks of any, to the patient, in the best condition from which to transfer.
 I am unable to certify that the medical risks to the patient from effecting transfer are outweighed by the reasonably expected medical benefits of appropriate treatment at the receiving facility.

Other Risks/Benefits of Transfer: _____

II. Reason for Transfer
 Select One:
 Patient or their Legal Representative requests the transfer.
 Specialized services necessary to treat the patient are not available at MHC Facility.

Specify:
 Patient's Personal Physician Requested
 Patient's Insurance Through Employment
 Critical Physician Intervention is Required
 Specialized Information
 Other: _____

III. Risks/Benefits of Transfer
 Have explained the significant risks and benefits of transfer to: Patient Legal Representative

Risks: Death Delay in Treatment Worsening of Patient's Medical Condition
 Other: _____

Benefits: _____

IV. Transfer Requirements - All Requirements Must Be Met
 Receiving Facility: MHC Facility | Department: _____ | Phone #: _____
 Transportation: Other Ambulance Helicopter Fixed Wing Aircraft
 Transporting Staff: Paramedic EMT Other: _____
 Medical Record: Available medical record prepared for transport with patient | Phone #: _____
 Receiving Facility: _____
 Receiving Facility accepting transfer of the patient: _____
 Receiving Facility has accepted that the patient be taken upon arrival to: Emergency Department Room # _____

V. Physician Certification
 I have explained the significant risks and benefits of transferring care to the patient. I have contacted the Receiving Facility, obtaining verbal acceptance of the patient to be transferred. I have confirmed with the Receiving Physician that there are qualified personnel and resources available to treat the patient. I have informed that the patient will be transferred by qualified personnel, except in situations where the patient chooses to self transport.

Physician Signature: _____ Printed Physician Name: _____ Date: _____ Title: _____

MHC_C0125 Appendix 7.1
 MHC Rev. 08/07/2012/01/15/16

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