

McLaren Print System Order

Order No: 55993 Reprint Previous Order No: 6894
 Order Date: 2020-08-11
 User: Theresa Ardelean
 Phone: 810-667-5505

Ship Location: McLaren Lapeer ICU Attn: Unit Clerk/Nurse Aid
 1375 North Main Street
 Lapeer, Michigan, 48446

Forms

Quantity: 100
 Paragon Dept No: 20020
 Dept Name: ICU
 Company Number: 110

Order Total Price: 47.60

Item Number: MHC-CC0125
 Item Description: Patient Transfer Consent Form
 Revision Date: 8/2019
 Print: 1 sided black and white
 Paper: 2 Part (White, Yellow)
 Size: 8.5 x 11
 Fold:
 Finish: None
 Drill: 5 Hole Top
 Misc Info: 2 pages - 2 part

McLaren Health Care Corporation (MHC)
DEPT 0000 DEPT 0001 DEPT 0002 DEPT 0003 DEPT 0004 DEPT 0005 DEPT 0006 DEPT 0007 DEPT 0008 DEPT 0009 DEPT 0010 DEPT 0011 DEPT 0012 DEPT 0013 DEPT 0014 DEPT 0015 DEPT 0016 DEPT 0017 DEPT 0018 DEPT 0019 DEPT 0020 DEPT 0021 DEPT 0022 DEPT 0023 DEPT 0024 DEPT 0025 DEPT 0026 DEPT 0027 DEPT 0028 DEPT 0029 DEPT 0030 DEPT 0031 DEPT 0032 DEPT 0033 DEPT 0034 DEPT 0035 DEPT 0036 DEPT 0037 DEPT 0038 DEPT 0039 DEPT 0040 DEPT 0041 DEPT 0042 DEPT 0043 DEPT 0044 DEPT 0045 DEPT 0046 DEPT 0047 DEPT 0048 DEPT 0049 DEPT 0050 DEPT 0051 DEPT 0052 DEPT 0053 DEPT 0054 DEPT 0055 DEPT 0056 DEPT 0057 DEPT 0058 DEPT 0059 DEPT 0060 DEPT 0061 DEPT 0062 DEPT 0063 DEPT 0064 DEPT 0065 DEPT 0066 DEPT 0067 DEPT 0068 DEPT 0069 DEPT 0070 DEPT 0071 DEPT 0072 DEPT 0073 DEPT 0074 DEPT 0075 DEPT 0076 DEPT 0077 DEPT 0078 DEPT 0079 DEPT 0080 DEPT 0081 DEPT 0082 DEPT 0083 DEPT 0084 DEPT 0085 DEPT 0086 DEPT 0087 DEPT 0088 DEPT 0089 DEPT 0090 DEPT 0091 DEPT 0092 DEPT 0093 DEPT 0094 DEPT 0095 DEPT 0096 DEPT 0097 DEPT 0098 DEPT 0099 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DEPT 1000

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 assessed and there is no significant medical condition. In medical judgement of the physician, the patient's condition is likely to result from transfer. No other significant risks have been identified as associated with the patient's condition at this time.
 Delivery Not Imminent There is no significant medical condition. In medical judgement of the physician, the patient's condition is likely to result from transfer.
 Unstable The patient's condition can not be stabilized prior to transfer.
 Delivery Imminent The patient is pregnant and/or having contractions and there is inadequate time to safely transfer her to another location before delivery or delivery has just occurred. In medical judgement of the physician, the patient's condition is likely to result from transfer.

DO NOT COMPLETE WHEN TRANSFERRING AN UNSTABLE PATIENT

The patient's emergency medical condition has not been stabilized. I have explained to the patient/legal representative the risks and benefits of transfer and medical treatment at the receiving facility.
 I certify that based on the information risks and benefits to the patient and based on information available at the time of the patient's assessment, the medical benefits outweigh the risks of the transfer. I have explained to the patient/legal representative the risks and benefits of transfer and medical treatment at the receiving facility.
 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 Request
 Patient's Insurance Provider Requirement
 Local or Physician-Recommended to transfer
 Name/Contact Information: _____
 Other: _____

III. Risks/Benefits of Transfer
 I 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
 Transferring Facility: MHC Facility Department: _____ Phone #: _____
 Transportation: Other _____
 ACU ambulance SLS ambulance Helicopter Fixed Wing Aircraft
 Transporting Staff: Paramedic EMT Other: _____
 Medical Record: Available medical record prepared for transport with patient.
 Receiving Facility: _____ Phone #: _____
 Receiving Physician accepting transfer of the patient: _____
 Receiving Facility has declared that the patient be taken upon arrival to: Emergency Department Room # _____

V. Physician Certification
 I have reviewed 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 confirmed that the patient can be transferred by qualified personnel, except in situations where the patient chooses to self transport.

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

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 Appendix 3.1
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