

McLaren Print System Order

Order No: 6895
Order Date: 2014-11-04
User: Debra Hoffman
Phone: 810-342-2375

Ship Location: McLaren Flint - 4S-Case Management
401 S. Ballenger Hwy
Flint, MI 48532

Forms
Quantity: 500
Paragon Dept No: 91570
Dept Name: McLaren Flint - Case Management
Company Number: 60

Order Total Price: 118.50

Item Number: MHC-CC0125
Item Description: Patient Transfer Consent Form
Revision Date: 2012
Print: 1 sided black and white
Paper: 2 Part (White, Yellow)
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?
Selected One: Stable, Deteriorating condition, Unstable, Deteriorating condition
II. Reason for Transfer
Selected 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 Insurance Coverage Required, Patient's Insurance Through Employment, Critical Physician Referral/Consult 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, Injury or 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, A/C ambulance, B/C ambulance, Helicopter, Fixed Wing Aircraft
Transporting Staff: Paramedic, EMT, Other
Medical Record: Available medical record prepared for transport with patient, Phone #
Receiving Facility: Receiving Physician accepting transfer of the patient, Phone #
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 confirmed that the patient will be transferred by qualified personnel, except in situations where the patient chooses to self transport.