

**McLaren Print System Order**

Order No: 9190  
 Order Date: 2015-02-19  
 User: Sandra Dodge  
 Phone: 810-342-2308

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

Forms  
 Quantity: 100  
 Paragon Dept No: 31010  
 Dept Name: Emergency  
 Company Number: 60

Order Total Price: 23.70

Item Number: MHC-CC0125  
 Item Description: Patient Transfer Consent Form  
 Revision Date: 9/7/2012  
 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?  Yes  No

Select One  
 Stable: The patient has been determined to be stable, no further medical attention is required.  
 Deteriorating Condition: The patient's condition is such that further medical attention is required.  
 Unstable: The patient's condition is such that further medical attention is required.  
 Unknown: The patient's condition is such that further medical attention is required.

**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 have explained the risks and benefits of transfer to the patient and based on information available at the time of the patient's examination, the medical benefits reasonably expected from the proposed transfer of treatment at another facility outweigh the potential risks of any, in the patient's best interest from this transfer.  
 I am unable to verify that the medical risks to the patient from effecting transfer are outweighed by the reasonably expected medical benefits of receiving 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**  
 Transferring 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 Physician 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 confirmed 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\_C0206  
 Appendix 7.1  
 MHC Rev. 08/07/2012 (English)

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