

McLaren Print System Order

Order No: 70384
 Order Date: 2022-06-13
 User: Nichelle Fisher
 Phone: 4198935923

Ship Location: McLaren St. Luke's
 5901 Monclova Road
 Maumee, Ohio 43537

Forms
 Quantity: 500
 Paragon Dept No: 17805
 Dept Name: Marketing
 Company Number: 550

Order Total Price: 238.00

Item Number: MHC-CC0125
 Item Description: EMTALA Patient Transfer Consent Form
 Revision Date: 6/2022
 Print: 1 sided black and white
 Paper: 2 Part (White, Yellow)
 Size: 8.5 x 11
 Fold:
 Finish: None
 Drill: 5 Hole Top
 Poster:
 Misc Info: 2 pages - 2 part

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 evaluated and the patient's medical condition is stable and the patient is able to be transferred to another facility.
 Delivery Not Imminent: After reasonable medical probability, no further deterioration of the mother or fetus is likely to occur prior to transfer.
 Unstable: The patient's condition can be stabilized prior to transfer.
 Delivery Imminent: The patient is a pregnant woman having contractions and there is inadequate time to safely transfer her to another location before delivery or transfer may pose a threat to the health or safety of the mother or the unborn child.

TO BE COMPLETED 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 reasonable risks and benefits 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 increased risk, if any, to the patient's medical condition from effecting transfer.
 I am unable to certify that the increased 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
 On-Call Physician Refused/Failed to Respond
 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:

IV. Transfer Requirements - All Requirements Must be Met
 Transferring Facility: MHC Facility Department: Phone #:
 Transportation: Other A/C's ambulance M.C. 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: Phone #:
 Receiving Facility has certified 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's transfer. I have consulted with the Receiving Physician that there are qualified personnel and resources available to treat the patient. I have certified 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: Time:

Spec Info: Attn: Jennifer Menker

