McLaren Business Products

McLaren Print System Order

Order No: 71671 Reprint Previous Order No: 6894
Order Date: 2022-08-09
User: Laura Hamid
Phone: 419-893-5938

Ship Location: St. Luke 1st floor PCS Office Attn Laura Hamid
5901 Monclova Rd
Maumee, OH 43537
Forms
Quantity: 100
Paragon Dept No: 633600
Dept Name: Interventional Services 22620
Company Number: 550

Order Total Price: 47.60

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
Misc Info: 2 pages - 2 part

McLaren Health Care Corporation (MHCC)

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 | Delivery Not Imminent | Unstable | Delivery Imminent

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 risks, 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. 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(s) | Other

Benefits

IV. Transfer Requirements – All Requirements Must Be Met

Transferring Facility | MHC Facility | Department | Phone #

Transportation: Other | ALS ambulance | BLS 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 directed 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 | Time

MHC_CC0125
Appendix 2.1
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