

McLaren Print System Order

Order No: 72143 Reprint Previous Order No: 6894
Order Date: 2022-09-01
User: Cheryl Hintze-Schneider
Phone: (586) 493-8198

Ship Location: McLaren Macomb, Administration 2nd Flr, MOB, Attn: Cheryl
1000 Harrington Boulevard
Mount Clemens , MI 48043

Forms
Quantity: 500
Paragon Dept No: 30999
Dept Name: Nursing Administration
Company Number: 1175

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
Misc Info: 2 pages - 2 part

McLaren Health Care Corporation (MHC)
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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 stabilized such that, under reasonable medical probability, no material deterioration of the patient's condition is likely to result from transfer. No other significant risks have been identified as associated with the patient's condition.
 Delaying the treatment Under reasonable medical probability, no material deterioration of the patient or child is likely to result from transfer.
 Unstable The patient's condition can not 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 hospital before delivery or transfer may prove a threat to the health or safety of the patient 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 have explained the 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 verify 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 Release/Referral is required
 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 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: _____
 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 confirmation 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: _____



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