McLAREN HEALTH CARE CORPORATION (MHCC)

☐ BAY ☐ MCM ☐ FLT ☐ LAP ☐ LAN ☐ MAC ☐ NMI (MAIN) ☐ NMI (CHEBOYGAN)
☐ OAK (MAIN) ☐ OAK (OXFORD) ☐ OAK (CLARKSTON)

PATIENT TRANSFER CONSENT FORM

PATIENT LABEL

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, within 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 transfer at this time.
	☐	Delivery Not Imminent	Within reasonable medical probability, no material deterioration of the mother 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 pose a threat to the health or safety of the woman or her 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 risks, if any, to the patient's medical condition from affecting transfer.
☐	I am unable to certify that the increased risks to the patient from affecting 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
	☐	OnCall 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:			
	☐ ACLS 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

3030B

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Benefits	☐			

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