McLaren Health Care Corporation (MHCC)

 MBR (MAIN)
 MCR
 MCM
 FLT
 LAP
 MGL
 MMM (MAIN)
 MMM (CHEBOYGAN)

 MTR FLT (FENTON) OAK (MAIN) OAK (OXFORD) OAK (CLARKSTON) MPH MBR (WEST BRANCH) MSL

PATIENT TRANSFER CONSENT FORM

SECTION TO BE COMPLETED BY THE PHYSICIAN

I. P	atien	it Coi	nditio	on										
Doe	s the	patien	t have	e an emerg	gency me	edical condit	ion?	🗆 Yes] No				
			Sta	ble			ely to resul						no material deterior fied as associated	ration of the patient's with the patient's
Sel			Delivery Not Imminent		Within reasonable medical probability, no material deterioration of the mother or child is likely ro result from transfer.									
One	e		Unstable		The patient's condition can not be stabilized prior to transfer.									
			Del	ivery Immir		before deliver	y or transfe	er may pose a thre	eat to th	ne health or	safety or the	e woman o	or her unborn child	her to another hospital
								TRANSFER						<u></u>
	medi	cal trea	tment	at the receiv	ing facility.	•				-				efits of transfer and
	bene	fits rea	sonabl		rom the pr								ised risks, if any,	mination, the medica to the patient's
				tify that the ir ceiving facilit		isks to the pati	ent from a	ffecting transfer	are ou	tweighed b	y the reaso	onably exp	pected medical be	enefits of appropriate
Othe	er Risl	ks/Ber	nefits	of Transfe	r									
II. F	Reas	on fo	r Tra	nsfer										
Sele	ct On	e		Patient or	their Leg	gal Reresen	tative rec	quests the trai	nsfer					
				Specialize	ed servic	es necessar	y to treat	t the patient a	re no	t available	e at MHC	Facility		
				Patient's F	Personal	Physician R	Request							
				Patient's I	nsuranc	e Provider R	equirem	ent						
				OnCall Ph Name/Co		refused/faile ormation	d to rspo	ond						
				Other:										
III.	Risk	s/Ber	efits	of Trans	fer									
I hav	/e exp	lained	the	significant	risks and	d benefits of	transfer	to: 🗌 I	Patier	nt [Legal	Represe	entative	
Risk	e			Death	🗌 De	lay in Treatn	nent	U Worse	ning o	of Patient	's Medica	I Condit	ion(s)	
				Other										
Bene	efits													
IV.	Trans	sfer F	Requ	irements	– All R	equiremer	nts Mus	t Be Met						
Tran	sferri	ng Fa	cility	N	1HC Fac	ility	Depart	tment				Phone	#	
Tran	sporta	ation		Other	r:					_				
					S Ambula	ance:	🗆 BLS	S Ambulance:		🗌 🗆 He	licopter		Fixed Wing	Aircraft
		ing Sta	aff	🗌 Parar	medic	🗆 EMT	🗌 🗆 Oth	ner:						
		ecord		🗌 Availa	able med	lical record p	prepared	for transport	with p	atient	1			
	-	Facili	-						T		Phone	: #		
	-	•				of the patien			_	_	_			
	-		-		hat the p	patient be tal	ken upor	n arrival to		Emerger	ncy Depai	rtment] Room #
				ification										
to be	transfe	erred. I	have o	confirmed wit	h the Rece	eiving Physicia	n that ther		ersonr	nel and reso	ources avai			eptance of the patien have confirmed that
Phys	sician	Signa	ture				Prin	ted Physician	Nam	е			Date	Time
MHC_	_C012	5 Appe	ndix 7	' .1		Original: Pa	atient Ch	nart			Yellow C	Copy: A	ccepting Hos	pital
					Patier	nt Transfe	r Cons	ent Form	Γ					
	M	cLa	ΓΡ	n			601.954							
						Page	1 of 2							
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ICC-713	-MNM (1	0.23)												

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 □ MSL

PATIENT TRANSFER CONSENT FORM

SECTION TO BE COMPLETED BY THE PATIENT/LEGAL REPRESENTATIVE

MHC Facility Initiated Transfer – Patient Consent for Transfer

The physician has explained to me why I need to be transferred to another facility. I understand the risks and benefits of the transfer. I have been advised of my rights regarding examination, treatment and transfer. I have been advised of the MHC Facility's emergency treatment obligations under the federal law. Based on the information available to me at this time, including that the expected medical benefits outweigh the risks, I choose to proceed with the transfer.

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Patient's Insurance or Personal Physician Initiated Transfer – Patient Consent for Transfer

My insurance provider or personal physician is requesting my transfer to another facility. The physician has explained to me the risks and benefits associated with the transfer. I have been advised of my rights regarding examination, treatment and transfer. I have been advised of the MHC Facility's emergency treatment obligations under the federal law. I choose to proceed with the transfer.

Patient Initiated Transfer – Patient Consent for Transfer						
has explained to me the risks and and transfer. I have been advised my own free will, without the influe	her facility. I acknowledge that my medical condition has been evaluated and explained. The physician I benefits associated with the transfer. I have been advised of my rights regarding examination, treatment of the MHC Facility's emergency treatment obligations under the federal law. I am making this request of ence of another individual. No one associated with the MHC Facility has influenced my request. I refuse to nation/treatment which has been offered to me. I choose to proceed with the transfer I have requested.					
Facility I Request Transfer To						

□ Patient Refusal of Transfer

I am refusing transfer to another facility. I have been advised of my rights regarding examination, treatment and transfer. I have been advised of the MHC Facility's emergency treatment obligations under the federal law. I am making this request of my own free will, without the influence of another individual. No one associated with the MHC Facility has influenced my request. I understand the risks and benefits of transfer explained to me by the physician. I understand that the physician believes the transfer to be in my best interest. I choose to continue receiving treatment at the MHC Facility.

Patient Refusal of Transportation Services

I am refusing transfer to another facility via the method suggested by the physician. I am making this request of my own free will, without the influence of another individual. No one associated with the MHC Facility has influenced my request. I understand the risks of self-transportation explained to me by the physician. I choose to be responsible for arranging my transportation to the Facility to which I am being transferred.

Patient Signature				Date	Time	
□ Patient Unable/Unwilling to S	Sign Reason					
Legal Representative Signing or	Behalf of Patient	Legal Representative Print	ed Name	Relationship to Patient		
Witness				Date	Time	
Witness – Second signature rec	quired when patient	is unwilling/unable to sign		Date	Time	
/IHC_C0125 Appendix 7.1	Original: Pa	tient Chart	Yellow Copy: Accepting Hospital			
	Patient Transfe	r Consent Form				
McLaren		601.954 2 of 2				
ORTHERN MICHIGAN						

