McLaren Business Products

McLaren Print System Order

Order No: 81100 Reprint Previous Order No: 80991
Order Date: 2023-11-10
User: Tina Losey
Phone: 2316271302

Ship Location: Mclaren Northern Michigan-Cheboygan ER
748 S Main
Cheboygan, MI 49721
Forms
Quantity: 100
Paragon Dept No: 21600
Dept Name: Cheboygan ER
Company Number: 410

Order Total Price: 23.40

Item Number: MHCC-713-MNM
Item Description: Patient Transfer Consent Form
Revision Date: 10/2023
Print: 1 sided black and white
Paper: 2 Part (White, Yellow)
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: 2 Part, 8.5x11, Black

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

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 rspond 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

Physician Signature | Printed Physician Name | Date | Time

MHC_CD120 Appendix 7.1 Original: Patient Chart Yellow Copy: Accepting Hospital

McLaren NORTHERN MICHIGAN

Patient Transfer Consent Form
MNM 601.954
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