McLaren Business Products

McLaren Print System Order

Order No: 86972 Reprint Previous Order No: 6894
Order Date: 2024-07-16
User: Theresa Chapman
Phone: 586 493-3174

Ship Location: McLaren Macomb Senior Behavioral Health
46810 Schoenherr Road
Shebly Township, MI 48315
Forms
Quantity: 100
Paragon Dept No: 30418
Dept Name: Senior Behavioral Health
Company Number: 260

Order Total Price: 23.90

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

Physician Signature; Printed Physician Name; Date; Time

MHC_CC0125
Appendix 2.1
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