

McLaren Print System Order

Order No: 87297
Order Date: 2024-07-29
Order Request Date:
User: Tina Losey
Phone: 2316271302

Ship Location: McLaren Northern Michigan-Cheboygan ER
748 S Main
Cheboygan, MI 49721

Brochures
Quantity: 500
Paragon Dept No: 21600
Dept Name: Cheboygan ER
Company Number:

Order Total Price: 117.00

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: None
Poster:
Misc Info: 2 pages - 2 part

McLaren Health Care Corporation (MHC)
Patient Transfer Consent Form
SECTION TO BE COMPLETED BY THE PHYSICIAN
I. Patient Condition
Does the patient have an emergency medical condition?
Select One: Stable, Delaying for treatment, Unstable, Delaying treatment
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, etc.
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)
Benefits:
IV. Transfer Requirements - All Requirements Must be Met
Transferring Facility: MHC Facility, Department, Phone #
Transportation: Other, A/C/L ambulance, B/L ambulance, Helicopter, Fixed wing aircraft
Transferring Staff: Paramedic, EMT, Other
Medical Record: Appropriate 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.

Spec Info:

MHC-CC0125
Appendix 7.1
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