

McLaren Print System Order

Order No: 89296
Order Date: 2024-10-25
User: Louis Pasco
Phone: 517-975-6751

Ship Location: **McLaren Lansing**
2900 Collins Road
Lansing, MI 48910

Brochures
Quantity: 100
Paragon Dept No: 30306
Dept Name: 9 East
Company Number:

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
Poster:
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: The patient has been stabilized such that, without immediate medical attention, no further 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: With reasonable medical probability, no medical 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 a reasonable time to safely transfer her to another facility 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 evaluation, 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
 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. Transport Requirements - All Requirements Must be Met

Transporting Facility: MHC Facility Department: _____ Phone #: _____

Transportation:
 Other A&E 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 am confident with the Receiving Physician that there are qualified personnel and resources available to treat the patient. I have certified 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: _____

MHC_CD01-Appendix 7.1 Original: Patient Chart Yellow Copy: Accepting Hospital

McLaren
NORTHERN MICHIGAN
www.mclaren.com

Patient Transfer Consent Form
MHCC 001 004
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