

TRANSFER SHEET — 1922

Name _____
Address _____
Phone _____
Sex _____ Age _____ DOB _____
Family contact & number _____

TRANSFER ACCEPTANCE INFORMATION

Receiving Hospital _____
Representative accept PT: _____
Time _____ Date _____
Accept Obtained By _____

TYPE OF TRANSFER

_____ EMERGENCY I have examined this patient and hereby certify that based upon the reasonable risk and benefits to the patient and based upon the information available to me at this time, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the risk to the patient's medical condition from effecting the transfer.

_____ NON-EMERGENCY I have examined this patient and find that the patient is not in active labor and is stabilized such that no material deterioration in the condition is likely, within a reasonable degree of medical certainty, to result from the transfer.

MODE OF TRANSFER

_____ Ambulance _____ P.O.V.
_____ Air Ambulance _____ Other
Name of Agency _____
Contacted by _____
Time _____ Date _____
Time of Arrival _____
Time of Departure _____

SPECIAL MEDICAL ORDERS

All medical protocols of the Toole County Ambulance Service receiving hospital or transferring flight program as applicable shall be applied in the absence of contrary orders above.

Signature of Transferring Physician
Time _____ Date _____

- The following items are to be transferred with patient:
- E.R. Dept. Records/flow sheet
 - X-Ray Reports/Film/CD
 - Admission & Treatment Records
 - Incomplete Test results to follow via Fax
 - Advanced Directive
 - Face Sheet
 - E.K.G.
 - MAR
 - Lab

Personal Property _____
Nurse/Nurse Comm _____
MMC Receiving

I have received the above items

Ambulance/RN/Air Crew Member

Receiving Hospital

CONSENT TO TRANSFER

I understand that there are certain risks involved in all event so life, including medical transfers such as this. My physician has informed me of the medical risk of transfer, including the fact that during the period of transport, I am not within any hospital, and any emergency occurring during transport can only be by the personnel and equipment carried in the transfer vehicle until arrival at a hospital.

If this is an emergency transfer, I understand my physician believes, based on currently available information, that the risks of not being transferred are greater than the risk of the transfer.

I understand that the risk of all transfers include the risk of transfers vehicles being involved in accidents or other conditions that could produce further medical injury and a delay in transport and treatment.

Considering these facts, I hereby consent to transfer.

Patient signature/Guardian
Time _____ Date _____

Witness
Time _____ Date _____

REFUSAL OF CONSENT TO TRANSFER

I have been advised by my physician of my medical need for transfer. He has thoroughly explained the risk to me, if I should refuse to transfer. I have decided by my own free will, not to be transferred, and will not hold Marias Medical Center/Marias Care Center responsible for results of this decision.

Patient signature/Guardian
Time _____ Date _____

Witness
Time _____ Date _____