

- 9 Name of Hospital has, within its capacity, provided medical treatment to minimize risk to the individual's health (and in the case of a woman in labor, the health of the unborn child).
- 9 The receiving facility has available space and qualified personnel for the treatment of the patient.
- 9 The receiving facility has agreed to accept transfer and to provide appropriate medical treatment.
Report called to: _____ at _____ by _____
- Copies of Records sent: 9 X-rays 9 Laboratory Results 9 Chart
- 9 The patient will be transferred by qualified personnel and transportation equipment as required, including the use of necessary and medically appropriate life support measures.

Mode of Transfer:

<input type="checkbox"/>	Ambulance — Advanced Life Support	<input type="checkbox"/>	Ambulance — Basic Life Support
<input type="checkbox"/>	Helicopter Ambulance	<input type="checkbox"/>	Mobile Intensive Care Unit
<input type="checkbox"/>	Airplane	<input type="checkbox"/>	Other

Informed Consent for Medical Transfer (check one of the following):

- 9 The patient did not come to the Emergency Department with an emergency medical condition.
- 9 I, the physician, certify that the patient's medical condition has been stabilized such that within reasonable medical probability, no material deterioration of the patient's condition is likely to result from or occur during transfer.
- 9 The patient's emergency medical condition has not been stabilized. I hereby certify that, based on the reasonable risks and benefits to the patient, and based upon the information available at the time of the patient's transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another facility outweigh the increased risks, if any, to the individual's medical condition (or, in the case of a woman in labor, to the unborn child) from effecting the transfer.
Risks of transfer: _____

Risks of *Refusing* transfer: _____

Patient Consent: I have been examined by the physician whose signature appears on page one and have been informed of the benefits versus risks of transfer to another medical facility. I agree to be transferred. Furthermore, I consent to the release of my medical record to the facility I am being transferred to for my further medical care. I understand that the records released will pertain to this hospital stay at Name of Hospital and could include any other records that may be pertinent to my further care, including information about any alcohol abuse, drug abuse or mental health treatment information that is protected under Title 42 of the Code of Federal Regulations Part II. This released information may also include information about any serious communicable and infectious diseases as defined by the Your State Name Department of Public Health Code 189, Act 174, which includes venereal disease, tuberculosis, human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS), AIDS-related complex (ARC) and hepatitis. I understand that my consent for transfer and release of my medical records to the facility I am being transferred to can be revoked at any time, until I am at the next facility.

Patient Signature: _____ **Date:** _____
Transferring R.N. _____ **Date:** _____

If the patient refuses transfer, please complete the following:

9 The patient was offered transfer but refused after being informed of the risks and benefits of the proposed transfer.

Patient Signature: _____

9 Transfer was offered but refused by a legally responsible individual acting on the patient's behalf, after being informed of the risks and benefits of the proposed transfer.

Signature of Responsible Individual: _____

Print Name of Responsible Individual: _____

Relationship to patient: _____

Hospital Witness: _____

Complete the following if the on-call physician is notified and requested to provide further examination or treatment and fails or refuses to appear in a reasonable time period.

Name of Physician: _____

Address: _____
