

PATIENT CONSENT

I acknowledge that my medical condition has been evaluated and explained to me. The potential benefits of transfer, the potential risks associated with transfer, and the probable risks of not being transferred have been explained to me and I fully understand them. With this knowledge and understanding, I agree and consent to be transferred.

WITNESS

SIGNATURE OF PATIENT OR LEGALLY RESPONSIBLE PERSON

DATE

PATIENT REFUSAL FOR TRANSFER

I acknowledge that my medical condition has been evaluated and explained to me. The potential benefits and risks associated with such transfer and the probable risks of not being transferred have been explained to me and I fully understand them. With this knowledge and understanding, I refuse to transfer.

WITNESS

SIGNATURE OF PATIENT OR LEGALLY RESPONSIBLE PERSON

DATE

PATIENT REQUEST FOR TRANSFER

I acknowledge that my medical condition has been evaluated and explained to me. The potential benefits of further medical examination and treatment as well as the potential risks associated with transfer to another facility have been explained to me and I fully understand them. With this understanding I request transfer to _____

WITNESS

SIGNATURE OF PATIENT OR LEGALLY RESPONSIBLE PERSON

DATE

TRANSFER REQUIREMENTS

NOTE: The Patient May Not Be Transferred Unless All Of The Following Requirements Are Met:

1. The receiving facility has available space and qualified personnel for the treatment of the patient.

Contact Person: _____

Name of accepting facility: _____

Notified by: _____ Date: _____ Time: _____

2. The receiving physician has agreed to accept transfer and to provide appropriate medical treatment. Name of receiving physician _____ Time _____

3. Medical records provided at time of transfer: IP Transfer Report Copy of Interfacility Transfer Consent form
_____ Initial when completed

4. The patient will be transferred with qualified personnel and transportation equipment, as required including the use of necessary and medically appropriate life support measures.

a. Transport via: Ambulance _____ Private Car _____ Other (specify) _____

b. Accompanied by: Paramedic _____ RN _____ EMT _____ Physician _____ Other (specify) _____

PHYSICIAN CERTIFICATION

I certify that based upon the information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks to the patient (and, in the case of labor, to the unborn child) from effecting the transfer.

The risks include but are not limited to: _____

The benefits include but are not limited to: _____

Signature of certifying physician; _____

All transfers have inherent risks of traffic delays, accidents during the transport, inclement weather, rough terrain or turbulence, and the limitations of equipment and personnel present in the vehicle.

After initial examination, the certifying physician has determined that the patient required the services of a physician on-call for duty to provide evaluation and/or treatment necessary to stabilize the patient's emergency medical condition. The following on-call physician has failed to appear within a reasonable period of time to provide necessary stabilizing treatment.

Name of On-call physician _____ Time/date contacted _____

Address _____



586086

HOSPITAL RESPONSIBILITIES

Pursuant to Federal Law you are notified that this hospital has the following responsibilities:

This hospital must provide a medical screening examination to any person presenting at Emergency Center to determine whether the patient suffers from an **emergency medical condition** or from **pregnancy with contractions present**.

In the event that an **emergency medical condition** or **pregnancy with contractions** is present, this hospital must provide such additional medical examination and treatment as may be required to stabilize the medical condition. In the event of pregnancy with contractions present, the hospital must deliver the baby and the placenta, except in the case where the benefits of transfer outweigh the risks that may arise from or during transfer.

In the event the hospital deems it is in the best interests of the patient (or in the case of pregnancy, the unborn child) to transfer the patient to another medical facility, the hospital must require your physician to execute a transfer certificate complying with the standards of the law, and further must provide a medically appropriate transfer to the patient.

