PCP T-39: Transfer of Patients to Another Hospital
Appendix A

JOHNS HOPKINS BAYVIEW MEDICAL CENTER

AUTHORIZATION FOR TRANSFER

SECTION 1 — PATIENT ASSESSMENT — Check one of the following

[ ] A. The patient has been examined and stabilized such that, within reasonable medical probability, no material deterioration of the patient's condition is likely to result from or during transfer.

[ ] B. Patient has been examined and condition is not stable.

[ ] C. Patient has been examined and is in active labor.

SECTION 2 — TRANSFER INDICATION — Check one of the following

[ ] A. Patient requests transfer (including voluntary Psychiatric Transfer). (Section 4 **must** be completed).

[ ] B. A legally responsible person acting on the patient's behalf requests transfer. (Section 4 **must** be completed)
Name of person requesting transfer; ____
Relationship to patient; ____

[ ] C. Based on the reasonable risks and benefits to the patient, and based upon the information available at the time of the patient's examination, the medical benefits reasonable expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks, if any, to the individual's medical condition from effecting the transfer. (Complete Risk/Benefits portion of Section 4)

SECTION 3 — TRANSFER REQUIREMENTS

NOTE: THE PATIENT MAY NOT BE TRANSFERRED UNLESS EACH OF THE FOLLOWING REQUIREMENTS IS MET:

[ ] A. The receiving facility has available space and qualified personnel for the treatment of the patient.

[ ] B. The receiving facility has agreed to accept transfer and to provide appropriate medical treatment.

[ ] C. The receiving facility will be provided with complete copies of all medical records related to the emergency condition for which the patient was examined, treated and/or transferred, to include copies of X-rays films.

[ ] D. The patient will be transported by appropriately qualified personnel and with appropriate equipment as required by the patient's condition, including the use of necessary life support measures.

[ ] E. The reasons for transfer and the Risks and Benefits of the transfer have been explained to the patient and/or responsible individual. (See Section 4)

[ ] F. Informed Consent for Transfer obtained. (See Section 4)

SECTION 4 — INFORMED CONSENT FOR TRANSFER (not applicable for involuntary psychiatric commitment)

The medical risks of this transfer are: ____

____

The benefits of this transfer are: ____

____

[ ] I have read the above risks and benefits of transfer and/or they have been explained to me. I hereby request and authorize the staff to make arrangements to effect my transfer.

[ ] I do not consent to transfer after the risks and benefits have been explained to me.

______________________________ Signature of patient

______________________________ Relative or guardian (if minor or unable to give consent

______________________________ Witness

SECTION 5	REASON FOR TRANSFER check one

[ ] A. Patient Request.

[ ] B. Patient concurs with Patient's Physician's request ___________________________________ (physician's name)

[ ] C. Service not available at JHBMC.

[ ] D. Involuntary Psychiatric transfer.

[ ] E. Voluntary Psychiatric transfer.

[ ] F. The undersigned physician certifies that the benefits of the transfer listed in Section 4 above outweigh the risks listed therein.

SECTION 6	MODE AND METHOD OF TRANSFER Check all applicable

[ ] A. Emergency Medical Services Ambulance

[ ] B. Private Ambulance (non EMS)

[ ] C. Helicopter

[ ] D. Other Mode _________________________

[ ] E. Nurse

[ ] F. Physician

[ ] G. Emergency Medical Services Personnel

____
Transferring Attending (please print)

____
Signature of Transferring Attending

Date and Time: ____________________________________

Name of Accepting Physician	Facility	Date and Time
________________________________	____	____________________

PCP T-39: Transfer of Patients to Another Hospital
Appendix B

JOHNS HOPKINS BAYVIEW MEDICAL CENTER
EMERGENCY DEPARTMENT
AUTHORIZATION FOR TRANSFER

SECTION 1 — PATIENT ASSESSMENT — Check one of the following

[ ] A. The patient has been examined and stabilized such that, within reasonable medical probability, no material deterioration of the patient's condition is likely to result from or during transfer.

[ ] B. Patient has been examined and condition is not stable.

[ ] C. Patient has been examined and is in active labor.

SECTION 2 — TRANSFER INDICATION — Check one of the following

[ ] A. Patient requests transfer (including voluntary Psychiatric Transfer). (Section 4 **must** be completed).

[ ] B. A legally responsible person acting on the patient's behalf requests transfer. (Section 4 **must** be completed)
Name of person requesting transfer; ____
Relationship to patient; ____

[ ] C. Based on the reasonable risks and benefits to the patient, and based upon the information available at the time of the patient's examination, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks, if any, to the individual's medical condition from effecting the transfer. (Complete Risk/Benefits portion of Section 4)

SECTION 3 — TRANSFER REQUIREMENTS

NOTE: THE PATIENT MAY NOT BE TRANSFERRED UNLESS EACH OF THE FOLLOWING REQUIREMENTS IS MET:

[ ] A. The receiving facility has available space and qualified personnel for the treatment of the patient.

[ ] B. The receiving facility has agreed to accept transfer and to provide appropriate medical treatment.

[ ] C. The receiving facility will be provided with complete copies of all medical records related to the emergency condition for which the patient was examined, treated and/or transferred, to include copies of X-rays films.

[ ] D. The patient will be transported by appropriately qualified personnel and with appropriate equipment as required by the patient's condition, including the use of necessary life support measures.

[ ] E. The reasons for transfer and the Risks and Benefits of the transfer have been explained to the patient and/or responsible individual. (See Section 4)

[ ] F. Informed Consent for Transfer obtained. (See Section 4)

SECTION 4 — INFORMED CONSENT FOR TRANSFER
(not applicable for involuntary psychiatric commitment)

The medical risks of this transfer are: ____

____

The benefits of this transfer are: ____

____

[ ] I have read the above risks and benefits of transfer and/or they have been explained to me. I hereby request and authorize the staff of the JHBMC Emergency Department to make arrangements to effect my transfer.

[ ] I do not consent to transfer after the risks and benefits have been explained to me.

_________________________________	_________________________________
Signature of patient	Relative or guardian (if minor or unable to give consent

____
Witness

SECTION 5 REASON FOR TRANSFER check one

[ ] A. Patient Request.

[ ] B. Patient concurs with Patient's Physician's request ______________________________ (physician's name)

[ ] C. Service not available at JHBMC.

[ ] D. Involuntary Psychiatric transfer.

[ ] E. Voluntary Psychiatric transfer.

[ ] F. The undersigned physician certifies that the benefits of the transfer listed in Section 4 above outweigh the risks listed therein.

SECTION 6 MODE AND METHOD OF TRANSFER Check all applicable

[ ] A. Emergency Medical Services Ambulance

[ ] B. Private Ambulance (non EMS)

[ ] C. Helicopter

[ ] D. Other Mode ________________________

[ ] E. Nurse

[ ] F. Physician

[ ] G. Emergency Medical Services Personnel

____
Transferring ED Attending (please print)

____
Signature of Transferring ED Attending

Date and Time : ______________________________

Name of Accepting Physician	Facility	Date and Time
______________________________	____	____________________