HOLLAND&HART LLP

SAMPLE EMERGENCY DEPARTMENT
PATIENT TRANSFER OR DISCHARGE FORM

Patient Name:_____ Number:_____

PHYSICIAN CERTIFICATION [*To be completed by physician if patient transferred or discharged from ED*].

❑ **No emergency medical condition**. The patient has received a medical screening exam, but the patient does not have an emergency medical condition.

❑ **Stable**. The patient has an emergency medical condition, but the condition is stable. No material deterioration is likely to result from (1) a transfer to another facility or (2) discharge with instructions for appropriate follow-up care.

❑ **Transfer is in patient's best interests.** The patient has an unstable emergency medical condition, but the benefits of discharging or transferring the patient outweigh the risks to the patient as described below:

1. Benefits of transfer:
   - ❑ Specialized equipment or services at the receiving facility [*describe*]: _____
   - ❑ Other [*describe*]: _____
     _____

2. Risks of transfer:
   - ❑ Deterioration of medical condition during transfer.
   - ❑ Delay in treatment due to transfer.
   - ❑ Other [*describe*]: _____

_____ _____
Physician Date and time

TRANSFER CHECKLIST [*To be completed by ED nurse when the patient is transferred to another facility*].

1. **Patient Consent or Request for Transfer.** The patient has been informed of their EMTALA rights and the risks and benefits of transfer. After being informed, the patient or their representative:
- ❑ Consents to the transfer recommended by the physician. [*Complete Patient Transfer Consent form*].
- ❑ Requests the transfer against the advice of the physician. [*Complete Patient Transfer Consent form*].
- ❑ The Hospital is or was unable to obtain written consent from the patient or their representative because:
  _____

2. **Accepting Facility**: _____
- ❑ The facility was contacted; has the capability and capacity to provide appropriate treatment; and has agreed to accept the transfer and provide appropriate treatment to the patient.

Name of person at facility who agreed to accept transfer: _____
Name of person at this Hospital who contacted accepting facility: _____
Date/time of contact: _____

3. **Method of Transportation.**
- ❑ Private vehicle.
- ❑ Ambulance with appropriate equipment and practitioners.
- ❑ Aircraft with appropriate equipment and practitioners.
- ❑ Other [*describe*]: _____

Name of transporting entity: _____
- ❑ The patient was offered but refused the recommended method of transport. [*Complete Patient Transfer Consent form*].

4. **Records.** Copies of the following records have been sent to the accepting facility:
- ❑ History, physical, consultations and progress notes.
- ❑ Nursing observations.
- ❑ Laboratory and other test results.
- ❑ Patient consent for transfer or physician certification.
- ❑ Name and address of any on-call physicians who failed to respond.
- ❑ Other records relevant to the emergency care.
- ❑ Additional records will be sent when available.

_____ _____
Nurse or other appropriate person. Date

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