



0400002

PLACE LABEL HERE.

IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

EMERGENCY INTERFACILITY PATIENT TRANSFER FORM

PHYSICIAN SECTION:

1. Is the patient medically stable for transfer? ☐ Yes (If Yes, no additional info needed.)
 - ☐ No, because patient/surrogate refuses to consent to further examination and/or treatment; risks and benefits of refused examination treatment have been explained to patient/surrogate and documented in "Patient Decisions against Medical Advice" form.
 - ☐ No, because UVA Health System does not have the capability to provide needed treatment for the patient, and the benefits to the patient of the transfer outweigh the risks, as described below.
 2. The reason for the transfer is: ☐ Lack of capacity ☐ Patient requests transfer
 - ☐ Treatment required is not available in UVaHealth System. Explain the treatment: _____
 3. Have the risks and benefits of transfer been discussed with the patient and/or representative? ☐ Yes
 - The benefits of the transfer are: _____
 - The risks of the transfer are: _____
 4. I have communicated with the physician at the receiving facility and he/she has agreed to accept this patient.
 - Name of Receiving Physician: _____ FULL NAME
 - Telephone #: _____ Time of telephone call: _____
 5. Physician Certification: I hereby certify that the benefits reasonably expected from the provision of appropriate medical treatment at another facility outweigh the risks to the patient's medical condition.
 - Resident Physician: I have conferred with the UVa attending physician, _____, ATTENDING PHYSICIAN NAME
 - _____ who agrees to transfer this patient.
 - _____ SERVICE
- Physician Signature _____ PIC _____ Date _____ Time _____
- For ED Patients: ED Attending Physician _____ PIC _____ Date _____ Time _____

PATIENT SECTION (check one):

- ☐ TDO — Copy Required (No Patient or Guardian Signature Necessary)
 - ☐ MEDICALLY INDICATED TRANSFER: I have read and understand the above statement signed by the physician and I understand that my physician believes, given currently available information, the benefits of being transferred are greater than the risks involved in the transfer. Considering these facts, I hereby consent to the transfer.
 - ☐ PATIENT REQUESTED TRANSFER: I, _____, hereby request to be transferred to _____ . I have been advised of this hospital's obligation to provide emergency screening and stabilizing treatment and my physician has explained to me the reasonably foreseeable medical risks and benefits of transfer. I am making this request of my own free will and not at the suggestion of the doctor or hospital.
- Patient or Guardian Signature _____ Date _____ Time _____