PATIENT TRANSFER CONSENT FORM

I, ___________________________________________ understand that the Vanderbilt University Medical Center intends to transfer me to _________________________________________________________ for further care. I have been informed that the reason for transfer is as follows: _______________________________________.
I have been informed of the following associated risks and/or benefits of this transfer: ________________________________________________

The above information has been fully explained to me and I agree to be transferred.

________________________________________
________________________________________
________________________________________

PHYSICIAN INFORMATION

Check One

_____ I, ____________________________________________ M.D. have examined this patient, provided emergency stabilization and certify him/her stable for transfer. The patient (or the patient's guardian) has been informed of the reason for transfer, the availability of medical services at this facility and any risks/benefits associated with transfer. He/she has provided written informed consent.

OR

_____ I, ____________________________________________ M.D. have provided this patient with emergency treatment to attempt to stabilize his/her condition. The patient is being transferred due to ____________________________________ at this hospital. I certify that based upon the information available to me at this time, the expected medical benefits of transfer outweigh the risks of transfer. Dr. __________________________________ at ____________________________ has been notified and verifies available space and personnel. He/She agrees to accept the transfer of this patient. I will provide the necessary medical records to accompany the patient. The following stabilization measures were provided prior to transport: ____________________________________________

The following transportation arrangements have been made:

Mode of transportation:

- Basic Life Support (BLS) Ambulance
- Advanced Life Support (ALS) Ambulance
- LifeFlight Helicopter (< 200 nautical miles)
- LifeFlight Fixed Wing (> 200 nautical miles)
- Other: ______________________________________________________________________________

Personnel:

- Basic Life Support
- Advanced Life Support
- Other: ___________________________________

Equipment:

- BLS:  ☐ Oxygen  ☐ IV
- ALS:  ☐ ECG Monitor  ☐ Medications in Transport  ☐ IV with admixtures
- Critical Care:  ☐ Ventilator Transport
- Other: ______________________________________________________________________________

Special instructions to transporting personnel: ____________________________________________

________________________________________
________________________________________
________________________________________

DATE

ORIGINAL – Medical Records / YELLOW COPY – Receiving Hospital