

To be filled out by Provider:

Provider shall be one of the following: MD, DO, APN, PA

Is the patient medically stable for transfer to a psychiatric facility? YES NO

Females between 12-60 yo, pregnancy test results:
 Positive Negative N/A: _____

Any abnormal vital signs at time of transfer?

- Temperature =>101F
 - HR <50 or >120
 - SBP <90 or >200
 - RR >24
 - BGL <60 or >250
 - Outside normal range for pediatric age
- YES NO

Any active medical problems that will need to be addressed at the receiving facility (i.e.: suture/ staples needing to be removed, antibiotics for cellulitis or UTI, etc.) YES NO

If yes, please provide instructions:

Is the patient considered LOW RISK*?
(All of the following must apply to the patient)

- Young (equal to/less than 45 y/o)
 - Presenting with isolated psychiatric complaint
 - Past history of psychiatric illness
 - No report of, or concern for, substance intoxication, withdrawal, or exposure to toxins/drugs
 - History/physical exam does not suggest medical illness
- YES NO

*If patient is considered LOW RISK, no further diagnostic testing is required other than at the discretion of the Clinician.

What is the working psychiatric diagnosis?

Completed by: _____

Title: _____

While the sending physician ensures patient stability and provides necessary orders for transfer, the transporting agency physician has the final decision on appropriateness of patient for transfer, prioritizing both patient and medic safety.

To be filled out by the Transfer Coordinator:

Is the patient under Emergency Detention/ Mental Health Warrant/ Magistrate ED? YES NO

If yes, date/time: _____

Is the patient under Order of Protective Custody (OPC)? YES NO

If yes, date/time: _____

For pediatric patients, provide the name and contact info for parent/guardian/CPS Case Worker:

Is the patient able to perform basic ADLs (transfer without assist, toilet, self-care, etc.)? YES NO

Does the patient require an assistive device for mobility? YES NO

If yes, what device? _____

Does the patient have inserted/implanted devices with external tubes/wires? YES NO

If yes, what device? _____

At the time of transfer, make sure the following items are included in the transfer packet:

- Nursing notes
 - Clinician notes
 - Lab results (if performed)
 - Med Administration Record (if meds given)
 - Copy of all legal documents
- (If person is on ED/MHW/OPC, the document **must** be forwarded to receiving facility)

Completed by: _____

Title: _____