PATIENT TRANSFER AUTHORIZATION FORM – NON-OUTBREAK

This form must be COMPLETELY filled out before authorization can be provided.

Please Fax this Document to 866-301-5262 Enquiries call 866-869-7822

REQUESTED TRANSFER DATE: _____ (Please note: Authorization #s are only valid for 24 hours)

☐ **Emergency Transfer** ☐ Non Emergency Transfer

☐ Patient requires transportation and medical supervision by a **paramedic**

☐ Patient requires transportation only, please indicate transportation provider _____

SENDING HEALTHCARE FACILITY

Patient Surname: _____ First Name: _____

Sending Healthcare Facility: _____ Unit/Room: _____

Healthcare Facility Unit Telephone (area code mandatory): ( ) _____-_____, ext: _____

Healthcare Facility Unit Fax number (area code mandatory): ( ) _____-_____

Patient sex: M ☐ F ☐ **Age or DOB is Mandatory** Age _____ or DOB _____/___/___ (YYYY/MM/DD)

RN/Clerk – filling out this form must provide: **Name** (print) _____

Signature _____ Sending Physician Name: _____

REASON FOR TRANSFER AND CURRENT DIAGNOSIS

_____

_____

_____

1) Is the patient admitted or being transferred for admission? Yes ☐ No ☐

2) Does the patient work for a health care agency/organization? Yes ☐ No ☐

3) Is the patient a resident of a long-term care facility? Yes ☐ No ☐

4) Does the patient have new/worse cough or SOB? Yes ☐ No ☐

5) Is the patient feeling feverish or had shakes or chills within the last 48 hours? Yes ☐ No ☐ Temp _____ ° C

6) Has the patient lived/visited: China, Hong Kong, Japan, South Korea, Thailand, Taiwan, or Vietnam in the last 30 days? Yes ☐ No ☐

7) Has the patient come in contact with a sick person in the last 30 days who has traveled to these same areas? Yes ☐ No ☐

Receiving Health Care Facility: _____ Unit/Room: _____

Healthcare Facility Unit Telephone (area code mandatory): (_____) _____-_____, ext: _____

Receiving Physician: _____

Initiate droplet precautions if "yes" to 4 and 5. These patients may potentially have a Febrile Respiratory Illness (FRI).

Contact your Infection Control Practitioner for patients with (FRI)-"yes" to questions 4 and 5 and answered "yes" to question 6 or 7. These patients may potentially have a severe respiratory illness (SRI).

Contact your Infection Control Practitioner for patients with (FRI)-"yes" to questions 4 and 5 and answered "yes" to either question 2 or 3.