 INTERFACILITY TRANSFER CHECKLIST

**PROVIDER CHECKLIST**



[ ]  Complete defined process for initiation of transfer.

[ ]  Select and contact appropriate hospital for interfacility transfer request.

[ ]  Contact transport service that matches patient’s acuity level.

[ ]  Obtain informed consent from the patient.

[ ]  Transfer patient medical record, including imaging, to transport personnel and/or receiving hospital.

[ ]  Transfer copy of signed transport consent.

[ ]  Transfer patient’s personal belongings.

[ ]  Provide the name of the receiving hospital and directions to the patient’s family.

**CAREGIVER & FAMILY CHECKLIST**

[ ]  I understand the reason why the patient is being transferred to another hospital.

[ ]  I understand why the patient needs to be transferred via air or ground ambulance.

[ ]  I have the name of the receiving hospital and the directions.

[ ]  I have had the opportunity to ask questions about the transfer.

**TRANSPORT LOCATIONS**

Name of Hospital

**Address:**

Main Number:

Emergency Department Number:

Name of Hospital

**Address:**

Main Number:

Emergency Department Number:

Name of Hospital

**Address:**

Main Number:

Emergency Department Number:

**NOTES:**