 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:**