

# HEALTHCARE FACILITY TRANSFER FORM

Use this form for all transfers to an admitting healthcare facility.

Affix patient labels here.

<b>Patient Name</b> (Last, First):		
Date of Birth:	MRN:	Transfer Date:
Receiving Facility Name:		

Sending Facility Name:	
Contact Name:	Contact Phone:

<b>ISOLATION PRECAUTIONS</b>	<b>Patient currently on isolation precautions?</b>	
	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
	If yes, check all that apply: <input type="checkbox"/> Contact precautions <input type="checkbox"/> Droplet precautions <input type="checkbox"/> Airborne precautions	Personal protective equipment (PPE) to consider at receiving facility:  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">   <input type="checkbox"/> Gloves                 </div> <div style="text-align: center;">   <input type="checkbox"/> Gowns                 </div> <div style="text-align: center;">   <input type="checkbox"/> Masks                 </div> </div>

<b>ORGANISMS</b>	<b>Patient has multidrug-resistant organism (MDRO) or other lab results for which the patient should be in isolation?</b>		
	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
	If yes, specify organism(s) and include specimen source and collection date.		
	<b>Organism</b>	<b>Source</b>	<b>Date</b>
	<input type="checkbox"/> <i>C.difficile</i>		
	<input type="checkbox"/> Carbapenem-resistant <i>Enterobacteriaceae</i> (CRE) (e.g., <i>Klebsiella</i> , <i>Enterobacter</i> or <i>E.coli</i> )		
	<input type="checkbox"/> Extended-spectrum beta lactam-resistant (ESBL) (e.g., <i>E.coli</i> , <i>Klebsiella</i> )		
	<input type="checkbox"/> MDR gram negatives (e.g., <i>Acinetobacter</i> , <i>Pseudomonas</i> )		
<input type="checkbox"/> Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)			
<input type="checkbox"/> Vancomycin-resistant <i>Enterococcus</i> (VRE)			
Other, specify: e.g., lice, scabies, disseminated shingles ( <i>Herpes zoster</i> ), norovirus, influenza, tuberculosis			

Include copy of **lab results** with antimicrobial susceptibilities.