




Affix patient labels here.

HEALTHCARE FACILITY TRANSFER FORM (ABBREVIATED)

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

Patient Name (Last, First):		
Date of Birth:	MRN:	Transfer Date:
Receiving Facility Name:		
Sending Facility Name:		
Contact Name:	Contact Phone:	

ISOLATION PRECAUTIONS

Patient currently on isolation precautions? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Personal Protective equipment (PPE) to consider at receiving facility:		
If yes, check all that apply: <input type="checkbox"/> Contact precautions <input type="checkbox"/> Droplet precautions <input type="checkbox"/> Airborne precautions	 <input type="checkbox"/> Gloves	 <input type="checkbox"/> Gowns
	 <input type="checkbox"/> Masks	

ORGANISMS

Patient has multidrug-resistant organism (MDRO) or other lab results for which the patient should be in isolation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify organism(s) and include specimen source and collection date.		
Organism	Source	Date
<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)		
<input type="checkbox"/> Other, specify: (e.g., lice, scabies, disseminated shingles (<i>Herpes zoster</i>), norovirus, influenza, tuberculosis)		

Include copy of **lab results** with organism I.D. and antimicrobial susceptibilities.