

HEALTHCARE FACILITY TRANSFER FORM

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

Affix patient
labels here.

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

PRECAUTIONS

Patient currently on precautions?	If yes, check all that apply:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Airborne <input type="checkbox"/> Contact <input type="checkbox"/> Droplet <input type="checkbox"/> Enhanced Barrier*

*Skilled nursing facilities implement [Enhanced Barrier Precautions](https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/PPE.html) (www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/PPE.html), i.e., gown and glove use for high-contact care activities for residents with infection or colonization with targeted multidrug-resistant organisms (MDROs), indwelling devices or unhealed wounds; Contact Precautions might be used for these patients in acute care settings.

ORGANISMS (Include copy of **lab results** with organism ID and antimicrobial susceptibilities.)

☐ **Patient is NOT known to be colonized or infected with any multidrug-resistant or other organisms requiring precautions (skip section)**

<input type="checkbox"/> Patient has MDRO or other lab results requiring precautions (record organism(s), specimen source, collection date)			
<input type="checkbox"/> Exposed to MDRO/other (record organism(s) and last date(s) of exposure if known)			
Organism	Carbapenemase (if applicable)**	Source	Date
<input type="checkbox"/> <i>Candida auris</i> (C. auris)			
<input type="checkbox"/> <i>Clostridioides difficile</i> (C. diff)			
<input type="checkbox"/> <i>Acinetobacter</i> , multidrug-resistant (e.g., CRAB**)			
<input type="checkbox"/> Carbapenem-resistant Enterobacterales (CRE**)			
<input type="checkbox"/> <i>Pseudomonas aeruginosa</i> , multidrug-resistant (e.g., CRPA**)			
<input type="checkbox"/> Extended-spectrum beta-lactamase (ESBL)-producer			
<input type="checkbox"/> Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)			
<input type="checkbox"/> Vancomycin-resistant <i>Enterococcus</i> (VRE)			
<input type="checkbox"/> No organism identified (e.g., molecular screening test**)			
<input type="checkbox"/> Other, specify: (e.g., SARS-CoV-2 (COVID-19), lice, scabies, disseminated shingles (<i>Herpes zoster</i>), norovirus, influenza, tuberculosis)			

**Note specific carbapenemase(s) (e.g., NDM, KPC, OXA-23) if known