

# Physician Authorization for Transfer

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Patient Name: \_\_\_\_\_

## Section 1

### Check One of the Following

- A. The patient's emergency medical condition has been stabilized such that within reasonable medical probability, no material deterioration in the condition or expected chances for recovery of the patient are likely to result from or occur during transfer. (With regard to a woman in labor, the patient has already delivered, including the placenta.)
- B. The patient's emergency medical condition has not been stabilized.

## Section 2

Complete only if Section 1(B) above has been checked. If 1(B) has not been checked, proceed to Section 3.

### Check One of the Following

- A. The patient requests transfer. (Complete "Patient Request for Transfer or Discharge," CHA Form 9-8.)
- B. A legally responsible person acting on the patient's behalf requests transfer. (Complete "Patient Request for Transfer or Discharge," CHA Form 9-8.)

Name of person requesting transfer: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

- C. Based on the reasonable risks and benefits to the patient, and based upon the information available at the time of the patient's examination, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks, if any, to the patient and, if pregnant, to the patient's unborn child from effecting the transfer. (Complete "Physician Certification," CHA Form 9-4.)

## Section 3

### Check Below as Appropriate

**NOTE:** The patient may not be transferred unless each of the following requirements is met:

- A. The receiving facility has available space and qualified personnel for the treatment of the patient.

Name of facility: \_\_\_\_\_

- B. The receiving facility has agreed to accept transfer and to provide appropriate medical treatment.

Name of person accepting transfer: \_\_\_\_\_

Position: \_\_\_\_\_

- C. The receiving facility will be provided with appropriate medical records related to the emergency condition of the patient.
- D. The patient will be transferred by qualified personnel and transportation equipment, as required, including the use of necessary and medically appropriate life support measures (see Section 6 below).

### Section 4

#### Transfer is Refused, Check (A) or (B) Below

- A. The patient was offered transfer, but refused. (Complete "Patient Refusal of Transfer," CHA Form 9-1.)
- B. Transfer was offered, but refused by a legally responsible person acting on the patient's behalf. (Complete "Patient Refusal of Transfer," CHA Form 9-1.)

### Section 5

#### Completed by Transferring Physician

Time: \_\_\_\_\_

Updated status of patient's condition: \_\_\_\_\_

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I certify that I have answered the above questions, based upon the information available to me at the time of the patient's examination.

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM

Signature: \_\_\_\_\_  
(physician authorizing transfer)

Print name: \_\_\_\_\_  
(physician authorizing transfer)

### Section 6

#### Mode of Transport: Report of Patient's Status During Transport Attached

- Paramedic unit
- EMT unit
- Air transport
- Personnel (e.g., physician, MICN, and/or respiratory therapist): \_\_\_\_\_