

## Patient Transfer Form

<b>Resident:</b>	<b>D.O.B:</b>
<b>Discharging Facility:</b>	<b>Room #:</b>
<b>Receiving Facility:</b>	<b>Room #:</b>
<b>Outbreak #:</b>	<b>Causative/Suspect Agent:</b>
<b>Is patient part of outbreak?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Health Unit Notified (only during outbreak)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fax report to 705-647-5779	

### Declaration for Hospital Discharge to LTCH during an Outbreak only:

I have informed the following stakeholders that received/discharging facility is currently experiencing an outbreak. The stakeholders have been fully informed of the risks involved due to transfer of the above resident.

- Resident/Substitute Decision Maker Notified (name) \_\_\_\_\_
- Hospital Physician Notified (name) \_\_\_\_\_
- Receiving Facility Notified (name) \_\_\_\_\_
- THU Staff Notified (name) \_\_\_\_\_

Discharging Facility Staff Signature

Date and Time

**\*Disclaimer\*** This form is a tool to ensure that required parties have been informed of a patient transfer. This form also does not preclude the potential for any transfer to require approval from the Patient Transfer Authorization Centre. Completion of this form does not necessarily ensure that the Timiskaming Health Unit will not object to a re-admission; a risk assessment will be made based on the current status of the outbreak. In the event that a transfer involving an outbreak is to occur after hours, please contact Timiskaming Health Unit's on call service at 705-647-3033.

# Patient Transfer Form

**For Receiving Institution Only:**

**\*\*Do not send page 2 to Health Unit\*\***

**1. Isolation precautions:**

Contact

Droplet

Air Borne

**2. MDRO Status:**

Known (specify)  
\_\_\_\_\_

Unknown

None

**3. Catheterized:**

Yes (if so, specify special instructions in  
comments i.e. catheter size)

No

**4. Notification sent to receiving facility prior to transfer**

Yes

No

**5. Discharge Orders provided to receiving facility**

Yes

No

**6. Comments:**


Discharging Facility Staff Signature

Date and Time

**\*\*Do not send page 2 to Health Unit\*\***