



# Transfer Consent

### Medical Condition:

**Condition** (Required, Check one):  Stable  Critical

**Diagnosis** (Required): \_\_\_\_\_

### Reason for Transfer/Benefit (Required, Check all that apply):

Expedite Bed Assignment  Higher Level/Specialty Care  Patient Preference  Continuity of Care

Other Reason for Transfer (if applicable): \_\_\_\_\_

### Risks:

All transfers have the inherent risks of traffic delays, accidents, bad weather, rough terrain or turbulence, and the limitations of equipment and personnel present in the vehicle if there is a change in my medical condition on the way to the facility.

Other risks including those related to the patient's medical condition (required but if not applicable, leave blank):  
\_\_\_\_\_

### Patient Consent to Transfer

The attending physician(s) or designee below have explained to me, in my preferred language, the potential risks and benefits of my transfer specific to my medical condition. I have been given the opportunity to ask questions and all of my questions have been answered to my satisfaction.

**Patient,\* Guardian  
or Representative\*\***

\_\_\_\_\_ *Print name*      \_\_\_\_\_ *Signature*      \_\_\_\_\_ *Date*      \_\_\_\_\_ *Time*      \_\_\_\_\_ *Relationship or "self"*

**Signature Witness**

\_\_\_\_\_ *Print name*      \_\_\_\_\_ *Signature*      \_\_\_\_\_ *Date*      \_\_\_\_\_ *Time*       Witnessed Patient confirming signature (check box if applicable)

**Preferred Language  
Interpreter  
Name or Number**

\_\_\_\_\_ *Print name and/or number*      \_\_\_\_\_ *Signature (if present)*      \_\_\_\_\_ *Date*      \_\_\_\_\_ *Time*       Patient refused interpreter (check box if applicable)

**Telephone/Video Consent with Representative\*\* (Check box if applicable)**

**Name of designee appointed by Attending Physician to explain the risks and benefits of transfer for the patient's medical condition if applicable:**

\_\_\_\_\_ *Printed name of designee (If not applicable, leave blank)*

### Attending Physician Certification of Transfer

I hereby certify that based on the information available to me at the time of transfer, to a reasonable degree of medical certainty, the expected medical benefits from the provision of appropriate care at another facility outweigh the risk to the individual or unborn child. I have confirmed that this patient/representative\*\* is able to give informed consent. If the patient is unable to provide consent and does not have a representative\*\*, a second attending physician has concurred with the appropriateness of the transfer (Complete FHODA Form 3). I have explained the risks and benefits of the transfer to the patient/representative\*\* specific to their medical condition. I have offered to answer any questions and have fully answered all such questions. In the event that I was not present when the patient signed the form, I understand that the form is only documentation that the informed consent process took place. I remain responsible for having obtained consent from the patient.

\_\_\_\_\_ *Print Attending Physician Name*

\_\_\_\_\_ *Attending Physician Signature*

\_\_\_\_\_ *Date*

\_\_\_\_\_ *Time*

\*The signature of the patient must be obtained unless the patient is under the age of 18 or lacks capacity.

\*\*Throughout this document, the term "representative" refers to a legally authorized representative or guardian.



## konsantman pou transfè

### Pwoblèm Medikal:

**Kondisyon** (Obligatwa, Kwoche yon kazye):  Estab  Kritik

**Dyagnostik** (Obligatwa): \_\_\_\_\_

### Rezon pou Transfè/Avantaj la (Obligatwa, kwoche tout repons ki koresponn yo):

Akselere pwosesis pou mete kabann disponib pou moun  Swen espesyalize/ wo nivo  chwa pasyan an  kontinite swen yo

Lòt rezon pou transfè a (si sa aplikab): \_\_\_\_\_

### Risk yo:

Tout transfè yo gen risk ladan yo, reta nan sikilasyon, aksidan, move kondisyon meteyolojik, kondisyon wout ki ka lakoz aksidan, epi mank ekipman ak pèsonèl ki prezan nan machin nan sizoka gen chanjman nan eta sante m pandan m sou wout pou m al nan etablisman an.

Lòt risk, tankou sa ki gen pou wè ak eta sante pasyan an (obligatwa, men si l pa aplikab, kite l vid):  
\_\_\_\_\_

### Konsantman Pasyan an pou Transfè a

Doktè ki responsab yo oswa reprezantan yo ki anba a esplike m, nan lang mwen pi pito a, risk potansyèl ak avantaj ki genyen nan transfè m nan selon eta sante m. Yo te ban m opòtinite pou m poze kesyon epi yo te reponn tout kesyon m yo yon fason ki te fè m satisfè.

#### Pasyan, \* Responsab Legal oswa Reprezantan an\*\*

Non ak Lèt Detache

Siyati

Dat

Lè

Relasyon oswa "ou menm"

#### Siyati Temwen an

Non ak Lèt Detache

Siyati

Dat

Lè

yon temwen konfime  
sinyati pasyan an  
(Kwoche kazye a si sa  
aplikab)

#### Non oswa Nimewo Entèprèt Lang ou pi Pito a

Ekri non ak lèt yo detache epi/oswa nimewo

Siyati (si genyen)

Dat

Lè

Pasyan an te refize  
entèprèt  
(Kwoche kazye a si sa  
aplikab)

**Konsantman nan telefòn/videyo ak reprezentan\*\* (Kwoche kazye a si sa aplikab)**

**Non moun Doktè responsab la deziye pou esplike risk ak avantaj transfè a selon eta sante pasyan an, si sa aplikab:**

Non moun doktè a deziye a (si sa pa aplikab, kite l vid)

### Sètifika Transfè Doktè ki Responsab la

Mwen fòmèlman sètifye, sou baz enfòmasyon mwen genyen yo nan moman transfè a t ap fèt la, ak yon degre rezonab nan sa ki gen pou wè ak sètitud medikal, avantaj medikal avantaj medikal nou prevwa jwenn nan transfere pasyan an pou l al pran swen apwopriye nan yon lòt etablisman; depase risk yo ni pou manman an ni pou ti bebe a. Mwen te konfime, pasyan/ reprezantan\*\* sa a kapab bay yon konsantman ki baze sou enfòmasyon li genyen. Si pasyan an pa ka bay konsantman epi l pa gen yon reprezantan\*\*, yon dezyèm doktè ki responsab te apwouve nesosite ki genyen pou transfè a fèt la, (Ranpli Fòmèlè FHCDA a). Mwen te eksplike pasyan/reprezantan an risk ak avantaj ki genyen nan transfè a selon eta sante l. Mwen te pwopoze pou m reponn tout kesyon epi m te reponn tout kesyon sa yo. Nan ka kote m pa t prezan lè pasyan an te siyen fòmèlè a, mwen konprann fòmèlè a se jis yon dokiman ki pwouve yo te fè pwosesis konsantman an sou baz enfòmasyon. Mwen demere, moun ki responsab pou jwenn konsantman nan men pasyan an.

Non Doktè ki responsab la ak lèt detache

Siyati Doktè ki Responsab la

Dat

Lè

\*Fòk pasyan an siyen sof si pasyan an gen mwens pase 18 lane oswa gen yon lòt rezon ki fè li pa ka siyen li.

\*\*Atravè dokiman sa a, tèm reprezantan an vle di yon reprezantan ki gen otorizasyon legal oswa yon responsab legal.