



ACCT -



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<http://www.rookscountyhealthcenter.com>

Transfer Checklist

Send copies of:

- Face Sheet
- Labs
- Radiology Disk/EKG's
- Nursing Documentation
- Completed EMTALA form

EMTALA Form (All blanks must be filled in)

- Consulted Physician name, date, and time
- Our provider signature with date and time
- Reason for transfer
- Hospital acceptance, bed confirmation, and nursing report
- Written risk
- Written benefit
- Mode of transport
 - Must have ALS/BLS/Helicopter/Fixed wing
 - Additional Personnel
 - Service Contacted
 - Name/Date/Time of person contacting transport team
- Patient consent

Personal Belongings: _____

- With patient
- With family

Other:

- Place in transfer logbook