



Central Transfer Center

Transfer Line: 858-678-6205

Transfer Fax: 858-678-6456

Patient Identification

TRANSFER CENTER REQUEST

Along with this sheet, please fax a face sheet, H&P & current day progress notes to 858-678-6456

Requesting Facility: _____ Request Date/Time: _____

Requestor: MD/CM/SW/RN/US _____ Phone: _____

Patient Name: _____ DOB: _____ Sex: M F T

Reason for Transfer: HLOC Scripps patient Insurance MD request Family request EMTALA

Chief Complaint/Diagnosis: _____ Service/Intervention Requested: _____

Referring MD/Number: _____ Specialist MD/Number: _____

Is there an accepting Scripps MD? No Yes MD Name: _____

Current Level of Care: Emergency ICU PCU/DOU Med/Surg Tele Med/Surg Other _____

Unit/Room #: _____ Unit Phone #: _____ Unit CM/SW: _____ CM/SW Phone #: _____

Patient Attributes: O2 Cardiac Monitor BiPAP Dialysis Vent Impella IABP ECMO Referral

On ECMO Sitter/Constant Observer Restraints 5150 Hold Bariatric

Current Vital Signs: BP: _____ HR: _____ RR: _____ SpO2: _____ O2: _____ Temp: _____

Isolation Precautions: _____ Patient Weight: _____ Mental Status: _____

INSURANCE/AUTHORIZATION

Insurance: _____ Insurance Auth: _____

Insurance Case Manager: _____ Insurance Case Manager #: _____

COVID QUESTIONNAIRE

COVID + PUI Date test completed: _____ Type of test: _____ Not tested

Test results available? Yes No Date results expected: _____

Copy of results faxed to Scripps CTC? Yes No Date: _____

SNF/LTAC HISTORY

Patient from SNF/LTAC? Yes No Name of Facility: _____

History of being in SNF/LTAC in past 12 months? Yes No