



Central Transfer Center

Transfer Line: 858-678-6205

Transfer Fax: 858-678-6456

Patient Identification

INTERNATIONAL TRANSFER CENTER REQUEST

Along with this sheet, please fax or e-mail a copy of the patient's medical insurance cards, medical records, and any other clinical information available to 858-678-6456 or CTCRN@scrippshealth.org

Requestors Name: _____ Request Date/Time: _____

Requestors Phone Number: _____ Relation to Patient: _____

Patient's Next of Kin: _____ Phone Number: _____

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

Sending Hospitals Name: _____

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

Sending Physician: _____ Phone Number: _____

Reason for Transfer: Patient/Family Request Scripps patient Insurance

Chief Complaint/Diagnosis: _____

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

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

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

INSURANCE/AUTHORIZATION

Insurance Name: _____ Insurance Auth #: _____

Policy #: _____ Group #: _____

Insurance Contact Name: _____ Insurance Contact Phone #: _____

Self Pay

TRANSPORT INFORMATION

Transport Company: _____ Phone Number: _____

Air Transport Ground Transport

COVID QUESTIONNAIRE

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

Test results available? Yes No Date test results expected: _____

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