






Affix patient labels here.

# HEALTHCARE FACILITY TRANSFER FORM

Use this form for all transfers to an admitting healthcare facility.

<b>Patient Name</b> (Last, First): _____		
Date of Birth: _____	MRN: _____	Transfer Date: _____
<b>Receiving Facility Name:</b> _____		
Contact Name: _____	Contact Phone: _____	
<b>Sending Facility Name:</b> _____		
Contact Name: _____	Contact Phone: _____	

## PRECAUTIONS

<b>Patient currently on precautions?</b>	If yes, check all that apply:			
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> Airborne <input type="checkbox"/> Contact <input type="checkbox"/> Droplet <input type="checkbox"/> Enhanced Standard*			
Personal protective equipment (PPE) to consider at receiving facility*:				
				
<input type="checkbox"/> Gloves	<input type="checkbox"/> Gown	<input type="checkbox"/> Mask	<input type="checkbox"/> N95/PAPR	<input type="checkbox"/> Eye Protection

\*Long-term care facilities may implement [Enhanced Standard Precautions](http://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-19-22.pdf) (PDF) (www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-19-22.pdf) for patients with MDRO or risk factors for transmission, i.e., gown and glove use for high-contact care activities; such patients may be on Contact precautions in acute care settings.

## ORGANISMS (Include copy of **lab results** with organism ID and antimicrobial susceptibilities.)

<b>Patient has multidrug-resistant organism (MDRO) or other lab results requiring precautions?</b>
<input type="checkbox"/> <b>Yes</b> (record organism(s), specimen source, collection date) <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Exposed to MDRO/other</b> (record organism(s) and last date(s) of exposure if known)

Organism	Carbapenemase (if applicable)**	Source	Date
<input type="checkbox"/> <i>Candida auris</i> ( <b>C. auris</b> )			
<input type="checkbox"/> <i>Clostridioides difficile</i> ( <b>C. diff</b> )			
<input type="checkbox"/> <i>Acinetobacter</i> , multidrug-resistant (e.g., <b>CRAB**</b> )			
<input type="checkbox"/> Carbapenem-resistant Enterobacterales ( <b>CRE**</b> )			
<input type="checkbox"/> <i>Pseudomonas aeruginosa</i> , multidrug-resistant (e.g., <b>CRPA**</b> )			
<input type="checkbox"/> Extended-spectrum beta-lactamase ( <b>ESBL</b> )-producer			
<input type="checkbox"/> Methicillin-resistant <i>Staphylococcus aureus</i> ( <b>MRSA</b> )			
<input type="checkbox"/> Vancomycin-resistant <i>Enterococcus</i> ( <b>VRE</b> )			
<input type="checkbox"/> No organism identified (e.g., molecular screening test**)			
<input type="checkbox"/> <b>Other, specify:</b> (e.g., SARS-CoV-2 (COVID-19), lice, scabies, disseminated shingles ( <i>Herpes zoster</i> ), norovirus, influenza, tuberculosis)			

\*\*Note specific carbapenemase(s) (e.g., NDM, KPC, OXA-23) if known