

PATIENT TRANSFER AUTHORIZATION FORM – NON-OUTBREAK

This form must be **COMPLETELY** filled out before authorization can be provided.

Please Fax this Document to 416-397-9061

Enquiries call 416-638-7301

REQUESTED TRANSFER DATE: _____ (Please note: Authorization #s are only valid for 24 hours)

- ☐ **Emergency Transfer** ☐ Non Emergency Transfer
- ☐ Patient requires transportation and medical supervision by a **paramedic**
- ☐ Patient requires transportation only, please indicate transportation provider _____

SENDING HEALTHCARE FACILITY

Patient Surname: _____ First Name: _____

Sending Healthcare Facility: _____ Unit/Room: _____

Healthcare Facility Unit Telephone (area code mandatory): () _____ - _____ ext: _____

Healthcare Facility Unit Fax number (area code mandatory): () _____ - _____

Patient sex: M ☐ F ☐ **Age or DOB is Mandatory** Age _____ or DOB _____/_____/_____

(YYYY/MM/DD)

Nurse/Clerk – filling out this form must provide: **Name (print)** _____

Signature _____ Sending Physician Name: _____

REASON FOR TRANSFER AND CURRENT DIAGNOSIS

- 1) Is the patient admitted or being transferred for admission? Yes ☐ No ☐
- 2) Does the patient work for a health care agency/organization? Yes ☐ No ☐
- 3) Is the patient a resident of a long-term care facility? Yes ☐ No ☐
- 4) Does the patient have new/worse cough or SOB? Yes ☐ No ☐
- 5) Is the patient feeling feverish or had shakes or chills within the last 24 hours? Yes ☐ No ☐ **Temp** _____ ° C
- 6) Has the patient lived/visited: China, Hong Kong, Japan, South Korea, Thailand, Taiwan, or Vietnam in the last 30 days? Yes ☐ No ☐
- 7) Has the patient come in contact with a sick person in the last 30 days who has traveled to these same areas? Yes ☐ No ☐

Receiving Health Care Facility: _____ Unit/Room: _____

Healthcare Facility Unit Telephone (area code mandatory): () _____ - _____ , ext: _____

Receiving Physician: _____

Initiate droplet precautions if “yes” to questions 4 and 5 these patients may potentially have Febrile Respiratory Illness (FRI).

Contact your Infection Control for patients with FRI (i.e. yes to questions 4 and 5) and answered yes to either question 2 or 3.

Initiate droplet precautions and contact your Infection Control for patients with FRI (i.e. yes to questions 4 and 5) and answered yes to either question 6 or 7. These patients may potentially have severe respiratory illness (SRI).

April 14, 2004