

PATIENT TRANSFER FORM

Transfer From (Facility Name): _____

Address: _____

Phone: _____

Patient Information:

Full Name: _____

Date of Birth: _____

Medical Record Number: _____

Primary Diagnosis: _____

Allergies: _____

Transfer To (Receiving Facility):

Facility Name: _____

Address: _____

Phone: _____

Transfer Details:

Reason for Transfer: _____

Mode of Transfer (e.g., Ambulance, Air): _____

Date and Time of Transfer: _____

Medical and Care Information:

Current Medications: _____

Special Equipment Required: _____

Dietary Restrictions: _____

Additional Instructions / Notes: _____

Legal and Consent Statements:

1. The undersigned attests that the information provided herein is accurate and complete to the best of their knowledge.
2. The transferring facility certifies that the patient is medically stable for transfer unless otherwise indicated in writing.
3. Consent has been obtained from the patient or legally authorized representative for the transfer and release of medical information.
4. The receiving facility agrees to provide appropriate care upon patient arrival and assumes responsibility for ongoing treatment.
5. This form and transfer shall be governed by and construed in accordance with the laws of the United States and applicable state law.
6. Any disputes arising from this transfer shall be subject to exclusive jurisdiction of courts located in the state where the transfer originated.
7. All personal health information shall be handled in compliance with HIPAA and other applicable privacy regulations.
8. Neither party shall be liable for delays or failures in performance due to causes beyond their reasonable control.
9. This document constitutes the entire agreement between the parties related to this patient transfer and supersedes all prior understandings.
10. Amendments or modifications to this form must be in writing and signed by authorized representatives of both facilities.

TRANSFERING FACILITY REPRESENTATIVE

RECEIVING FACILITY REPRESENTATIVE

Name:

Name:

Signature: _____

Signature: _____

Title:

Title:

Date/Time:

Date/Time:

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