

Battle Creek VA Healthcare System

TRANSFER DOCUMENTATION REQUEST

Please fax this checklist and requested information to the contact below in to facilitate your transfer request. Thank you!

• Patient's Name:	Last four:	Gender:	
• Veteran status and eligibility confirmed:			
• Transferring facility contact name:			
• Transferring facility contact number (Direct Line):			
• Transferring facility fax:			
• Diagnosis and reasons for transfer request: Attached			
• Acute and chronic problem list: Attached			
• Brief relevant history and physical and last progress note: Attached			
• Current Vital Signs and EKG (EKG for ICU or Telemetry requests): Attached			
• Current Labs: Attached			
• Current Medication List: Attached			
• Veterans Health Administration Inter-Facility Transfer forms (10-2649A & B Attached)			
• Mobility Aids and/or Medical Equipment and/or other special needs - Yes / No - (explain if Yes):			
***FOR PSYCHIATRIC TRANSFERS, PLEASE ALSO INCLUDE THE FOLLOWING ***			
• The Clinical Certificate and Petition for admission <u>or</u> Adult voluntary admission: Attached			
• Mental Status Exam <u>and</u> a Statement indicating patient is medically stable for transfer for Psychiatric care: Attached			
• LABS: include CBC, CMP, UDS, UA, TSH, and medication levels if appropriate (Dilantin, Lithium, Depakote esp. if History of Seizures) : Attached			
• Medications given during ED stay including PRNS / Home medication: Attached			Yes / No
• Need for restraints			Yes / No
• Safety concerns - Fall risk, etc. - provide details if yes -			Yes / No
• Guardianship — provide a copy if yes			Yes / No

Thank you

Transfer Coordinator

TEL: 269-966-5600 x 31629

FAX: 269-223-5209

****If you are requesting transfer from 4pm-8am, weekends or holidays please contact the Administrative Officer of the Day at TEL: 269-966-5600 x 33858; FAX: 269-223-5678****