

# Transfer Center Checklist



Tele # 1-207-795-7525  
Toll Free 1-877-366-7700  
CMMCCConnect.org  
FAX – 1-207-755-5832

## PLEASE FAX THE FOLLOWING INFORMATION TO CMMC CONNECT AS SOON AS POSSIBLE

- Face Sheet (Demographic information, Next of Kin, Insurance, etc)
- Precautions Yes \_\_\_\_\_ No \_\_\_\_\_ If so please note \_\_\_\_\_
- Does patient need an interpreter? Yes \_\_\_\_\_ No \_\_\_\_\_  
- Language \_\_\_\_\_

### Contact Information:

- Authorized contact persons name \_\_\_\_\_ Relationship \_\_\_\_\_
- Phone \_\_\_\_\_
- Has this person been notified of transfer? Yes \_\_\_\_\_ No \_\_\_\_\_

### Primary Care Provider:

- Name \_\_\_\_\_ Phone \_\_\_\_\_
- Address \_\_\_\_\_

## Please ensure the following items are sent with your patient to provide continuity of care

History and Physical and copy of Emergency Department record  
Clinical lab results  
All diagnostic studies (including actual films as well as reports)  
Medication records  
Nursing record with current vital signs  
Pertinent old records that can be sent  
Signed release of information form  
EMTALA Form  
Advance directives information

Bed Assignment \_\_\_\_\_ Receiving Nursing Unit Tele Number \_\_\_\_\_

Name of Nurse taking report \_\_\_\_\_ Time \_\_\_\_\_

Transferring Service \_\_\_\_\_ Est. time of departure \_\_\_\_\_

**THANK YOU!**