



## Health Care Facility Transfer Form

**Use this form for transfers to an admitting health care facility.**

When a patient or resident is transferred from one health care facility to another, the receiving facility and involved medical transport personnel should be informed of the individual's communicable disease status so that appropriate precautions may be implemented.

Patient/resident name (last, first):		
Date of birth:	Medical record number:	Transfer date:
Sending facility name: _____		
Contact name: _____	Contact phone: _____	
Receiving facility name: _____		
Contact name: _____	Contact phone: _____	

### Precautions

Patient/resident currently on precautions?  Yes  No

If yes, select precaution type(s):\*

Airborne     Contact     Droplet     Enhanced barrier

### Communicable disease status

- Patient/resident is **not known** to be colonized or infected with a multidrug-resistant organism (MDRO) or other communicable disease requiring precautions.
- Patient/resident has been **exposed to** an MDRO or other communicable disease but is not known to be colonized or infected. If available, record the organism(s) or communicable disease and last date(s) of exposure.
- 
- Patient/resident has an MDRO or other communicable disease requiring precautions. Check organism(s) or specify below. If available, include a copy of lab results with organism ID and antimicrobial susceptibilities.

Organism or communicable disease
<input type="checkbox"/> <i>Candida auris</i> ( <i>C. auris</i> )
<input type="checkbox"/> Carbapenem-resistant <i>Acinetobacter baumannii</i> (CRAB)
<input type="checkbox"/> Carbapenem-resistant Enterobacterales (CRE)
<input type="checkbox"/> Carbapenem-resistant <i>Pseudomonas aeruginosa</i> (CRPA)
<input type="checkbox"/> <i>Clostridioides difficile</i> ( <i>C. diff</i> )
<input type="checkbox"/> Extended-spectrum beta-lactamase (ESBL)-producer
<input type="checkbox"/> Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)
<input type="checkbox"/> Vancomycin-resistant <i>Enterococcus</i> (VRE)
<input type="checkbox"/> Other, specify:

\*View the [Transmissions-Based Precautions Reference Guide](#) for more information on precaution types.