

# Hospital Transfer Cover Sheet

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Transfer to HonorHealth:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Destination:

- Evaluate and treat in ED
- Acute change of condition
- Patient/family request
- Radiology only: scheduled time \_\_\_\_\_
- Direct admit to room # \_\_\_\_\_

Transferring facility: \_\_\_\_\_

Date of admission was \_\_\_\_\_ from:  HonorHealth  Other

Sending provider anticipates:  Hospital admission  Return to transferring facility

If patient is admitted to hospital, is there a preferred hospitalist group? \_\_\_\_\_

Physician currently seeing patient: \_\_\_\_\_

Contact by:  Cell phone \_\_\_\_\_  Other phone \_\_\_\_\_  TigerText

Treating nurse: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical power of attorney: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary family contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## COVID-19 SCREENING

- YES  NO Does patient have fever or respiratory symptoms and have they had a potential exposure?
- YES  NO Does patient have a fever and respiratory symptoms without an alternate diagnosis?
- YES  NO Does patient have lab confirmed COVID-19 virus?
- YES  NO Does patient have a pending laboratory COVID-19 test? If yes, please indicate:  
Lab Name: \_\_\_\_\_  
Date Sent: \_\_\_\_\_
- YES  NO Do you agree to notify HonorHealth of results?

## Please include documentation, if available

- Face sheet
- Most recent progress note
- Discharge summary from last hospital stay
- Advance directives
- MAR, including medication allergies
- Recent lab studies, including cultures
- H & P
- Recent consultant notes