Affix patient labels here.

HEALTH CARE FACILITY TRANSFER FORM

For **all transfers** to an admitting health care facility in **Sacramento County**.

PATIENT & FACILITY INFORMATION

Patient Name (Last, First):		
Date of Birth:	MRN:	Transfer Date:
Receiving Facility Name:		
Contact Name:	Contact Phone:	
Sending Facility Name:		
Contact Name:	Contact Phone:	
Facility Type: ☐ ACH ☐ LTACH ☐ vSNF ☐ SNF ☐ Other: _____		

PRECAUTIONS

Patient currently on precautions? ☐ **NO** ☐ **YES**	**If yes, check all that apply:** ☐ Airborne ☐ Contact ☐ Droplet ☐ Enhanced Standard*

* Long-term care facilities may implement Enhanced Standard Precautions for patients with MDRO or risk factors for transmission, i.e., gown and glove use for high-contact care activities; such patients may be on Contact precautions in acute care settings.

ORGANISMS (Include copy of **lab results** with organism ID and antimicrobial susceptibilities.)

Does patient have multi-drug resistant organism (MDRO) or other lab results requiring precautions?

☐ **NO** ☐ **YES** (indicate if colonized or active; record organism(s), specimen source, & collection date)

☐ **Exposed to MDRO/other** (record organism(s) and last date(s) of exposure, if known)

Organism	Carbapenemase (if applicable)**	Source	Date	Colonized or Active? (check one)
☐ Candida auris (**C. auris****)				☐ C ☐ A
☐ Clostridiodes difficile (**C. diff**)				☐ C ☐ A
☐ *Acinetobacter*, multidrug-resistant (e.g., **CRAB****)				☐ C ☐ A
☐ Carbapenem-resistant Enterobacterales (**CRE****)				☐ C ☐ A
☐ *Pseudomonas aeruginosa,* multidrug-resistant (e.g., **CRPA****)				☐ C ☐ A
☐ Extended-spectrum beta-lactamase (**ESBL**)-producer				☐ C ☐ A
☐ Methicillin-resistant *Staphylococcus aureus* (**MRSA**)				☐ C ☐ A
☐ No organism identified (e.g., molecular screening test**)				☐ C ☐ A
☐ Vancomycin-resistant *Enterococcus* (**VRE**)				☐ C ☐ A
☐ **Other, specify**: (e.g., SARS-CoV-2 (COVID-19), lice, scabies, disseminated shingles (*Herpes zoster*), norovirus, influenza, tuberculosis)				☐ C ☐ A

** Note specific carbapenemase(s) (e.g., **IMP, KPC, NDM, OXA-23, OXA-48, OXA-237, VIM**), if known