

Patient Label

Met Campus
1995 Lens Avenue
Windsor, ON
N8W 1L9
Phone: 519-254-5577

Ouellette Campus
1030 Ouellette Avenue
Windsor, ON
N9A 1E1
Phone: 519-254-5577

DOCUMENTATION FOR SENDING FACILITY FOR PATIENT'S HEALTH RECORD

Under the *Emergency Management and Civil Protection Act (EMCPA)*, this patient is being transferred to an alternate hospital as necessary to respond to a major surge event.

The attending clinician has confirmed (**check that all have been completed**):

- | | | |
|------------------------------|---------------|--|
| <input type="checkbox"/> Yes | Initial _____ | • The types of care required for the patient are delivered at the receiving site |
| <input type="checkbox"/> Yes | Initial _____ | • The transfer can be effected without compromising the patient's medical condition |
| <input type="checkbox"/> Yes | Initial _____ | • The receiving attending clinician is prepared to issue an order to admit the patient to the hospital |

Name of Transfer Facility: _____ **Transfer Time:** _____

Patient/SDM Engagement and Communication

<input type="checkbox"/> Yes	Initial _____	Efforts, as circumstances allow, have been made to offer a dialogue with the patient/SDM re: <ul style="list-style-type: none"> • Nature of transfer • Risks and benefits • Alternatives, if any • Plan
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Initial _____
		The patient/SDM has received a copy of the "Patient Move Letter with Checklist" and they are aware of the transfer.
		If SDM could not be reached. A message was left:
		Date _____ and Time _____ (mm/dd/yyyy)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
		Initial _____
		The contact information of the SDM has been relayed to the Receiving Facility, in the event the SDM was not notified.

Other Notes:

Please outline any Patient/SDM/Family Caregiver concerns identified that will be provided to the Receiving Facility to help address where possible:

Name (Print)

Signature

Date (mm/dd/yyyy)