JOHN D. DINGELL VAMC TRANSFER REQUEST FORM

Today's Date:	**Time:**	
Patient's Name: **DOB:** **CMOR:**	**Full SSN:**	**Please circle one:** **NSC / SC** **(If SC, VA Pension or A&A, attach HINQ to request.)**
Request the following paperwork be faxed to admitting: **Lab work** **Progress Notes** **History & Physical** **Vitals** **(B2NO) Clinical Cert / Petition**	**If patient is accepted, is patient eligible for travel?** **YES / NO** **Eligibility justification:** **SC** **VA Pension** **Aid & Attendance** **Income Below Threshold** **Spinal Cord Injury (verified)**	
Hospital Name/Complete address: **Pt. location in hospital: ER ICU Ward** **Treating physician's name and number_____**	**Admission Date:**	**Diagnosis:**
<u>Requesting Facility Physician to complete the following:</u> **1. Is patient unstable and require higher level of care than the facility can provide? Yes or No** **2. Is patient currently stable? Yes or No** **3. If stable, can transfer wait until the next morning? Yes or No**	**If yes, then VA physician will review clinical info.** **If yes, then pt to remain at community facility pending review of clinical information** **If no then VA physician will review clinical info.**	**Note, this is NOT an authorization for payment. Facility to submit bill to VA for consideration**

Bed Service Requested:	
ICU **MEDICINE** **SURGERY** **PSYCH** **Location:** **Bed:**	
Contact Person(s) Name(s): **Title:**	**Telephone Number:** **Fax Number:**
Additional Comments (*include last known status of this request*): **Last VA Visit (screen 13):**	
JDD VAMC Coordinator/AOD/HBA:	

Revised Form 2/14/11:apw