

Regional Transfer Center

Call: 1-866-648-4UVM (1-866-648-4886)

Referring	Facility:						
Referring Provider:					Call back number:		
Transfer:			□ Urgent	□ Urgent		□ Elective	
Consult:							
Date:	_/	/			Time:	:	
Desired Facility:					Desired Service		
Diagnosis:					Code Status: Full DNR DNI Other:		
Goals of (Care/reas	on for transfer: _					
	-		s of care? Yes		Other:		
Current s	et of vital	signs:					
Pulse	BP	Resp	O2 SatT	emp	Orientation	Weight	
Images Pushed		EKG's	Pain/Location		Stroke: Last known well	Critical Lab Values (note below)	
					known weii	(note below)	
Yes		Yes	Yes:				
No		No	No				
<u>Placemer</u>	nt Conside	erations:					
Bariatric	Dialysis	Comfort Care	Inmate Intub	ated Tra	ansplant Behavio	ral	
Isolation	Status:						
Airborne	C-Diff	Contact CRF	Droplet ESBL	MRSA	Neutropenia VF	RE Unknown *none	