

EMERGENCY DEPARTMENT TRANSFER RECORD - ST. TAMMANY PARISH HOSPITAL  
PHYSICIAN ASSESSMENT AND TRANSFER EVALUATION

PATIENT NAME Jeffrey Bodin DATE OF TRANSFER 10/11/17

DIAGNOSIS Paranoid

REASON FOR TRANSFER  Medically Indicated  Patient Request  
 Other (Please Describe) \_\_\_\_\_

EMERGENCY MEDICAL CONDITION [EMC] IDENTIFIED  YES  NO

**MEDICAL CONDITION** PLEASE SELECT ONE (IF PATIENT HAS AN EMERGENCY MEDICAL CONDITION, CERTIFICATION REQUIRED)

- PATIENT STABLE:** The patient has been examined and any medical condition stabilized such that, within reasonable clinical confidence, no material deterioration of this patient's condition is likely to result from or occur during transfer.
- PATIENT UNSTABLE:** The patient has been examined, an EMC has been identified, the patient is not stable, but the transfer is medically indicated and in the best interest of the patient.

**RISK AND BENEFIT ANALYSIS FOR TRANSFER**

MEDICAL BENEFITS  Obtain higher level of care not available at this facility. List Service: 4  
 Benefits of transfer outweigh the risks of transfer  
(Please Describe) \_\_\_\_\_

MEDICAL RISKS  Worsening of condition or death if patient not transferred

- Risk of traffic delay/accident resulting in deterioration  Deterioration of condition en route  
Details: \_\_\_\_\_

**RECEIVING FACILITY AND INDIVIDUAL** THE RECEIVING FACILITY HAS THE CAPABILITY FOR THE TREATMENT OF THIS PATIENT (INCLUDING ADEQUATE SPACE, EQUIPMENT AND QUALIFIED MEDICAL PERSONNEL) AND HAS AGREED TO ACCEPT THE TRANSFER AND PROVIDE APPROPRIATE MEDICAL TREATMENT.

RECEIVING FACILITY Northlake Behavioral  
PRINT NAME OF PERSON ACCEPTING TRANSFER Kim MD / Cheryl  
[FIRST & LAST NAME AND POSITION]  
PRINT NAME OF RECEIVING PHYSICIAN Kim

I have examined and/or observed the condition of this patient and have considered currently available patient information. Based upon the observed condition of the patient and information available to me, I certify that the medical benefits reasonably expected from the provision of appropriate medical treatment at the receiving hospital outweigh the increased risk to the patient's medical condition that may result from this transfer.

Physician Signature: [Signature] Date: 10/11/17 Time: 1920 AM PM



BODIN, JEFFREY Eme  
M 05/22/1997 20Y 92325565 C E 2592229  
11001253816 10/11/2017  
TOUPS



EMERGENCY DEPARTMENT TRANSFER RECORD

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