

PATIENT NAME LAST, FIRST, MI	DATE OF BIRTH MO / DAY / YR	MEDICAL RECORD #
ALLERGIES		

Date: ____/____/____ MMI#: _____ Treating Physician: _____

Patient's Home Medications:

Time	BP	HR	Resp. Rate/Quality	SpO2	Pain Scale	Intervention (Meds/Procedures)

Patient signs and symptoms or diagnosis: _____

Reason for hospital transfer: _____

Yes / No Has Emergency Department, Crisis Intake or Hospital Admitting Office been notified of transfer (direct physician to physician communication preferred)?

Transferring Staff/Physician: _____ Receiving RN/Physician _____

Means of transfer: _____ Transferred to: _____

TRANSFER BY PRIVATE VEHICLE

- Yes / No** Is patient stable?
- Yes / No** Is suspected condition potentially life threatening?
- Yes / No** Is there a suicide or behavioral control issue?
- Yes / No** Is there family or responsible adult capable of transfer?
- Yes / No** Do they understand transfer risks and accept responsibility for them?

Person Responsible for Transportation: _____ (Please Print)

AGAINST MEDICAL ADVICE

I, the undersigned, do hereby acknowledge that I have chosen, against medical advice, to:

- ☐ not go to the hospital or recommended location of service and/or
- ☐ travel to the Hospital/Emergency Department other than by emergency ground or air transport vehicle.

I realize that these are not the accepted standards of care, and I am willing to accept the risks involved.

Patient/Responsible Person: _____

Witness: _____ Date: _____

Witness: _____ Date: _____

Signature of person completing form

Date

If an individual believes discrimination has occurred, a grievance can be filed with Intermountain Health by contacting Intermountain's 504/Civil Rights Coordinator within 60 days of the incident. To file a grievance, please contact: Intermountain Healthcare attn. Compliance Department (504/Civil Rights Coordinator), 36 S. State St., Salt Lake City, UT 84111, Telephone: 1-800-442-4845, State Relay: 711, Email: compliance.hotline@imail.org

Discrimination complaints can also be filed with the U.S. Department of Health and Human Services Office for Civil Rights at 1-800-368-1019 (TDD: 1-800-537-7697), through the Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, by fax 1-202-619-3818, or by mail at "U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Ave. SW, Suite 509 F, HHH Building, Washington, D.C. 20201."

Complaint forms are available at <http://hhs.gov/ocr/office/file/index.html>

- Se proveen servicios de interpretación gratis. Hable con un empleado para solicitarlo.

- 我們將根據您的需求提供免費的口譯服務。請找尋工作人員協助

- يمكن توفير خدمة الترجمة مجاناً عند الطلب، من فضلك قم بالرجوع لى العاملين المختصين لمساعدتك فى ذلك.

- Besplatne prevodilačke usluge će biti obezbjeđene na zahtjev. Molimo vas da se obratite osoblju za pomoć

Burmese မြန်မာ

အခမဲ့ အဓိပ္ပာယ်ကောက်ကြည့်သည့် ဝန်ဆောင်မှုကို တောင့်တိမ်ဆုံးအပင် မှတည့်၍ စီစဉ်ပေးပါသည်။ ကောင်းစွာသိရှိ အကူအညီရယူရန်ကြံ့ခိုင်မှုနှင့် ဝတ်ပြုဆုံးဖြတ်ဆုံးဖြတ်ပါ။

- خدمات ترجمه شفاهی رایگان موجود است. چنانچه به کمک نیاز دارید، لطفاً به کارکنان مراجعه کنید.

- Des services d'interprétation gratuits seront fournis sur demande. Veuillez contacter le personnel pour obtenir plus d'informations.

German *Deutsch*

- Kostenlose Dolmetscher werden auf Anfrage zur Verfügung gestellt. Bitte wenden Sie sich an unsere Mitarbeiter.

Japanese *日本語*

- ご依頼があれば無料の通訳サービスが利用できます。詳細はスタッフにお尋ねください。

Khmer/Cambodian *ខ្មែរ*

- សេវាបកប្រែភាសាខ្មែរឯមាត់តាមតម្លៃឥតគិតថ្លៃនឹងត្រូវផ្តល់ជូននៅពេលមានការស្នើសុំ។ សូមទៅជួបបុគ្គលិកដើម្បីទទួលបានជំនួយ។

Korean *한국어*

- 요청 시 무료 통역서비스가 제공됩니다. 도움이 필요하시면 직원을 찾아주십시오.

Navajo *Diné bizaad*

- Diné bizaad ata'halne'í nínízingo, kóne' ndaalníníshígíí nabídíínítkíd. T'áá jíík'e.

Nepali *नेपाली*

- आग्रह गरिए_अनुसार निशुल्क अनुबाद गर्ने सेवाहरु प्रदान गरिनेछ ।
कृपया सहायताका लागि कर्मचारीसंग भेटनुहोस् ।

Portuguese *Português*

- Serviços grátis de interpretação será fornecido mediante pedido. Consulte pessoal de assistência por favor.

Russian *Русский*

- По требованию будут предоставлены бесплатные услуги переводчика. Пожалуйста, обратитесь к служебному персоналу за помощью.

Samoan *Gagana Samoa*

- E maua fua le auaunaga faaliliu upu ile gagana Samoa pea talosagaina. Faamolemole vaai seisi ole aufaigaluega mo se fesoasoani.

Somali *Soomaaliga*

- Adeegyo turjumaad bilaa lacag ah ayaa la bixinayaa marka la codsado. Fadlan waydiiso shaqaalaha caawimo.

Tagalog *Tagalog*

- Libreng serbisyong interpretasyon ay ipagkakaloob kapag hiniling. Mangyaring makipag-ugnayan sa staff para sa tulong.

Tongan *Lea faka-Tonga*

- Ko e 'u Sevesi Fakatonulea Ta'etotongi 'e ala lava 'o fakahoko atu 'I ha'o kole mai. Kataki 'o sio ki he kau ngaue ki ha tokoni.

Vietnamese *Tiếng Việt*

- Dịch vụ thông dịch miễn phí sẽ được cung cấp khi có yêu cầu. Vui lòng gặp nhân viên để được hỗ trợ.