# ED Transfer Communication Form

This form was developed to promote consistent, concise, and relevant patient information between a nursing home and Emergency Department, when a nursing resident experiences a change in condition that requires evaluation in an acute care setting.

1. **Why is this individual a resident or patient in your facility?**
   *(check all that apply and add additional details/explanation)*
   - [ ] Cognitive Delays
   - [ ] Memory Issues
   - [ ] Mental Health Disorder
   - [ ] Physical Limitations
   - [ ] Recent Hospitalization(s)
   - [ ] Chronic Respiratory Needs

   Additional Details / Explanations:

2. **What chronic medical conditions does the patient have?**
   - [ ] Diabetes
   - [ ] Hypertension
   - [ ] Stroke
   - [ ] Heart Failure
   - [ ] Cancer (being treated)
   - [ ] Dementia
   - [ ] Coronary Artery Disease
   - [ ] COPD
   - [ ] Mental Health Issue
   - [ ] Other:

3. **What is the baseline mental status of this patient?**
   - [ ] Confused
   - [ ] Developmentally Delayed
   - [ ] Combative / Agitated
   - [ ] Non-Verbal
   - [ ] Non-Responsive
   - [ ] Other:

4. **What is the primary concern regarding the patient today? What prompted a call to 911?**
   *(describe patient symptoms and/or behaviors, when they began; if applicable - concerns the referring provider had when you called)*

5. **Who are the emergency contacts for the patient?**
   *(name, relationship, phone number)*

6. **What is the name of the physician or provider who referred the patient to the ED?**
   *(name, phone number)*

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**Name / Credentials of Individual Completing Form**

**Facility Name**

**Date**

**Facility Phone**

Note: Medicare and/or Medicaid certified nursing home providers remain responsible to comply with all Requirements for Participation as codified at 42 Code of Federal Regulations 483. Regulations specific to Admission, Transfer, and Discharge are found at § 483.15.

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