



Capacity Management/Transfer Center
200 West Arbor Drive #8692
San Diego, California 92103-8692
619-543-5709 - Transfer line
619-543-8394 - Transfer fax

Patient Identification

TRANSFER CENTER REQUEST

Requesting Facility: _____ Request Date: _____ Time: _____

Requestor: MD/CM/SW/RN/HUSC _____ Call Back #: _____ Fax #: _____

Patient Name: _____ DOB: _____ Sex: M F T

Reason for Transfer: HLOC UCSD patient UHMO EMTALA
 Family request MD request Insurance Other _____

Chief Complaint / Diagnosis: _____

Referring / Primary MD: _____ Referring MD Cell #: _____

Specialist MD Name & Specialty: _____ Specialist Cell #: _____

Current Level of Care (LOC) Inpatient: ICU IMU/PCU Tele
 Med-Surg Emergency Other _____

GTTS: _____ Vent Bipap Dialysis IABP Impella ECMO: VV or VA

Unit Location: _____ Unit Phone #: _____ Unit CM/SW: _____ Phone: _____

Isolation Precautions: _____ Bariatric: Yes No Weight: _____ Girth: _____ DNR: _____

Mental Status: _____ Conservatorship: _____ Psych Hold: _____ Sitter: Yes No

Funding: _____ Insurance Auth: _____

Insurance Case Manager: _____ Insurance CM phone #: _____

Along with this sheet, please fax a face sheet to 619-543-8394 or email this to TxCtr@ucsd.edu. Please make sure you put "Secure:" in the subject line to meet HIPPA requirements for PHI if you are emailing any PHI to UC San Diego Health.

PLEASE DO NOT WRITE BELOW THIS LINE

UC San Diego Health Medical Record: _____

Accepting MD: _____ Date & Time accepted: _____

Destination Location:

- Hillcrest UC San Diego Medical Center: 200 West Arbor Drive, San Diego, CA 92103
- Jacobs Medical Center: 9310 Campus Point Drive, La Jolla, CA 92037
- Thornton Pavilion: 9300 Campus Point Drive, La Jolla, CA 92037
- Sulpizio Cardiovascular Center: 9434 Medical Center Drive, La Jolla, CA 92037

Level of Care (LOC) Inpatient: ICU IMU/PCU Tele Med-Surg Emergency PTU

Unit: _____ Bed Assignment: _____ Time: _____

Transport: BLS CCT Air Other Company: _____ P/U: _____ ETA: _____

Radio Room Admissions Trauma Unit House Supervisor Charge RN

Cancel Reason: _____ Denial Reason: _____