

PATIENT TRANSFER REPORTING FORM

(Pursuant to Business and Professions Code Section 2240)

Date of Report: _____

State law (Business and Professions Code Section 2240[b]) requires that a completed copy of this entire form (Part A and Part B) be placed in the patient's file.

After completing the form:

- The entire form shall be placed in the patient's medical record.
- Send one copy of **Part B only** within 15 days of the transfer to the Office of Statewide Health Planning and Development to the address listed on Page 4.

Provision of additional patient level information that is not required by law may be a violation of HIPAA.

Part A		
1. Name of Patient's Physician in the Outpatient Setting		
Last:	First:	Middle:
License Number:		
2. Name of Physician with Hospital Privileges (if the same as above, leave blank)		
Last:	First:	Middle:
License Number:		
3. Name of Hospital or Emergency Center Where Patient was transferred		
Address:		
4. Patient Information		
Last Name:	First Name:	Middle Name:
Address:		
4b Patient Identifier (enter one of the following)		
Medical Record Number	Social Security Number	Patient ID Number
Other:		

PATIENT TRANSFER REPORTING FORM

State law (Business and Professions Code Section 2240) requires that only part B of the reporting form shall be filed with the Office of Statewide Health Planning and Development.

NOTE: Please do not provide any other patient information on this portion of the form. Provision of additional patient level information that is not required by law may be a violation of HIPAA.

Part B													
<p>1. Type of outpatient procedure performed : – <input checked="" type="checkbox"/> check appropriate box</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 2px;"><input type="checkbox"/> Cosmetic</td> <td style="width: 50%; padding: 2px;"><input type="checkbox"/> Orthopedic</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Gastrointestinal</td> <td style="padding: 2px;"><input type="checkbox"/> Otolaryngology/ENT</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> General Surgical</td> <td style="padding: 2px;"><input type="checkbox"/> Pain Management</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Gynecological</td> <td style="padding: 2px;"><input type="checkbox"/> Urological</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Ophthalmological</td> <td style="padding: 2px;"><input type="checkbox"/> Other/Misc</td> </tr> </table>		<input type="checkbox"/> Cosmetic	<input type="checkbox"/> Orthopedic	<input type="checkbox"/> Gastrointestinal	<input type="checkbox"/> Otolaryngology/ENT	<input type="checkbox"/> General Surgical	<input type="checkbox"/> Pain Management	<input type="checkbox"/> Gynecological	<input type="checkbox"/> Urological	<input type="checkbox"/> Ophthalmological	<input type="checkbox"/> Other/Misc		
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<p>2. Events triggering transfer – <input checked="" type="checkbox"/> check <u>all</u> appropriate boxes</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 2px;"><input type="checkbox"/> Transfer was planned prior to procedure</td> <td style="width: 50%; padding: 2px;"><input type="checkbox"/> Perforation/Surgical Complication</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Aspiration</td> <td style="padding: 2px;"><input type="checkbox"/> Post-op care/observation needed</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Cardiovascular Distress</td> <td style="padding: 2px;"><input type="checkbox"/> Procedure converted to open</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Drug Reaction</td> <td style="padding: 2px;"><input type="checkbox"/> Respiratory Distress</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Excessive Bleeding</td> <td style="padding: 2px;"><input type="checkbox"/> Other</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Pain Management</td> <td></td> </tr> </table>		<input type="checkbox"/> Transfer was planned prior to procedure	<input type="checkbox"/> Perforation/Surgical Complication	<input type="checkbox"/> Aspiration	<input type="checkbox"/> Post-op care/observation needed	<input type="checkbox"/> Cardiovascular Distress	<input type="checkbox"/> Procedure converted to open	<input type="checkbox"/> Drug Reaction	<input type="checkbox"/> Respiratory Distress	<input type="checkbox"/> Excessive Bleeding	<input type="checkbox"/> Other	<input type="checkbox"/> Pain Management	
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<p>3. Duration of Hospital Stay * – <input checked="" type="checkbox"/> check appropriate box (as of the date of this report)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 2px;"><input type="checkbox"/> 24-72 hours</td> <td style="width: 50%; padding: 2px;"><input type="checkbox"/> 8-14 days</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> 4-7 days</td> <td style="padding: 2px;"><input type="checkbox"/> Over 14 days</td> </tr> </table>		<input type="checkbox"/> 24-72 hours	<input type="checkbox"/> 8-14 days	<input type="checkbox"/> 4-7 days	<input type="checkbox"/> Over 14 days								
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<p>4. Final Disposition or status of patient if not released from the hospital within 24 hours * – <input checked="" type="checkbox"/> check appropriate box</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 2px;"><input type="checkbox"/> Patient sent home</td> <td style="width: 50%; padding: 2px;"><input type="checkbox"/> Patient died</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Patient still in hospital</td> <td style="padding: 2px;"><input type="checkbox"/> Other</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Patient transferred to SNF/Rehab. facility</td> <td></td> </tr> </table>		<input type="checkbox"/> Patient sent home	<input type="checkbox"/> Patient died	<input type="checkbox"/> Patient still in hospital	<input type="checkbox"/> Other	<input type="checkbox"/> Patient transferred to SNF/Rehab. facility							
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<p>5. Physician's Practice Specialty and ABMS Certification, if applicable</p>	<p>See Pages 3 and 4</p>												

*State law requires that only transfers to a hospital or emergency room for medical treatment for a period exceeding 24 hours must be reported.

Part B Continued

Physician's Practice Specialty			
<input type="radio"/>	Aerospace Medicine	<input type="radio"/>	Nuclear Medicine
<input type="radio"/>	Allergy and Immunology	<input type="radio"/>	Obstetrics and Gynecology
<input type="radio"/>	Anesthesiology	<input type="radio"/>	Occupational Medicine
<input type="radio"/>	Cardiology	<input type="radio"/>	Oncology
<input type="radio"/>	Colon and Rectal Surgery	<input type="radio"/>	Ophthalmology
<input type="radio"/>	Complementary & Alternative Medicine	<input type="radio"/>	Orthopedic Surgery
<input type="radio"/>	Cosmetic Surgery	<input type="radio"/>	Otolaryngology
<input type="radio"/>	Critical Care	<input type="radio"/>	Pain Medicine
<input type="radio"/>	Dermatology	<input type="radio"/>	Pathology
<input type="radio"/>	Emergency Medicine	<input type="radio"/>	Pediatrics
<input type="radio"/>	Endocrinology	<input type="radio"/>	Physical Medicine and Rehabilitation
<input type="radio"/>	Epilepsy	<input type="radio"/>	Plastic Surgery
<input type="radio"/>	Facial, Plastic & Reconstructive Surgery	<input type="radio"/>	Psychiatry
<input type="radio"/>	Family Medicine	<input type="radio"/>	Psychosomatic Medicine
<input type="radio"/>	Gastroenterology	<input type="radio"/>	Public Health and General Preventive Medicine
<input type="radio"/>	General Practice	<input type="radio"/>	Pulmonary
<input type="radio"/>	General Surgery	<input type="radio"/>	Radiation Oncology
<input type="radio"/>	Geriatric Medicine	<input type="radio"/>	Radiologic Physics
<input type="radio"/>	Hematology	<input type="radio"/>	Radiology
<input type="radio"/>	Infectious Disease	<input type="radio"/>	Rheumatology
<input type="radio"/>	Internal Medicine	<input type="radio"/>	Sleep Medicine
<input type="radio"/>	Medical Genetics	<input type="radio"/>	Spine Surgery
<input type="radio"/>	Neonatal-Perinatal Medicine	<input type="radio"/>	Sports Medicine
<input type="radio"/>	Nephrology	<input type="radio"/>	Surgical Oncology
<input type="radio"/>	Neurodevelopmental Disabilities	<input type="radio"/>	Thoracic Surgery
<input type="radio"/>	Neurological Surgery	<input type="radio"/>	Urology
<input type="radio"/>	Neurology with Special Qualification in Child Neurology	<input type="radio"/>	Vascular Surgery
<input type="radio"/>	Neurology	<input type="radio"/>	Other – Not Listed

Part B Continued

ABMS Certification (if applicable)	
<input type="checkbox"/> American Board of Allergy and Immunology	<input type="checkbox"/> American Board of Otolaryngology
<input type="checkbox"/> American Board of Anesthesiology	<input type="checkbox"/> American Board of Pain Medicine
<input type="checkbox"/> American Board of Colon and Rectal Surgery	<input type="checkbox"/> American Board of Pathology
<input type="checkbox"/> American Board of Dermatology	<input type="checkbox"/> American Board of Pediatrics
<input type="checkbox"/> American Board of Emergency Medicine	<input type="checkbox"/> American Board of Physical Medicine and Rehabilitation
<input type="checkbox"/> American Board of Facial Plastic & Reconstructive Surgery	<input type="checkbox"/> American Board of Plastic Surgery
<input type="checkbox"/> American Board of Family Medicine	<input type="checkbox"/> American Board of Preventive Medicine
<input type="checkbox"/> American Board of Internal Medicine	<input type="checkbox"/> American Board of Psychiatry and Neurology
<input type="checkbox"/> American Board of Medical Genetics	<input type="checkbox"/> American Board of Radiology
<input type="checkbox"/> American Board of Neurological Surgery	<input type="checkbox"/> American Board of Sleep Medicine
<input type="checkbox"/> American Board of Nuclear Medicine	<input type="checkbox"/> American Board of Spine Surgery
<input type="checkbox"/> American Board of Obstetrics and Gynecology	<input type="checkbox"/> American Board of Surgery
<input type="checkbox"/> American Board of Ophthalmology	<input type="checkbox"/> American Board of Thoracic Surgery
<input type="checkbox"/> American Board of Orthopaedic Surgery	<input type="checkbox"/> American Board of Urology

Part B shall be mailed within 15 days of the transfer to:

Office of Statewide Health Planning and Development
 Patient Data Section
 Attn.: Physician Reporting – Transfers
 2020 West El Camino Ave., Ste. 1100
 Sacramento, CA 95833
