

Behavior Health Service Transport Request Form DOS

Phone: 877-745-8367

309-999-4040

Reparioral Health Services

Behavior			Fax: 3	309-494-6227	
Patient Information					
Patient Name:	Age:	DOB:	Ge	nder: M F	
Address:	City:	State:	Zip	:	
Phone:	Emergency Contact	: <u> </u>			
SSN:	Emergency Contact Phone: ()				
Insurance1:	Policy #:				
Insurance2:	Policy #:				
Transferring Facility	County of Originating Facility:				
Transferring Facility:	Room:	Phone: (
Address:	City:	State:	Zip	:	
Requesting/Contact Person:	Contact Phone: ()			
Destination Facility	County of Destination Facility:				
Destination Facility:	Room:				
Address:					
	City: State: Zip: Contact Phone: ()				
Contact Person:	Contact Phone: ()			
Contact Person: Has the Destination Facility agreed to admit the national contact and the partial con)			
Contact Person: Has the Destination Facility agreed to admit the pati)	YES	NO	
	ient? Order) Admission h this transfer request. receipt of: completed	Transport Request	YES YES Form, He	NO NO ospital Face	
Certificate & Petition for Involuntary/Judicial (Court C All forms have been completed, signed and faxed with Note- transporting units will be dispatched only after Sheet, Certificate and Petition, (or Court Order in lieu	order) Admission In this transfer request.	Transport Request tion).	YES YES Form, He	NO ospital Face	
Certificate & Petition for Involuntary/Judicial (Court Court of All forms have been completed, signed and faxed with Note-transporting units will be dispatched only after Sheet, Certificate and Petition, (or Court Order in lieur Pre-transport Risk Assessment 1. Do physical limitations prohibit transport by car; and the patients of	order) Admission In this transfer request.	Transport Request tion).	YES Form, He	NO ospital Face	
Certificate & Petition for Involuntary/Judicial (Court Court for Involuntary/Judicial (Court Court Cou	order) Admission In this transfer request.	Transport Request tion).	YES Form, He	NO ospital Face NO NO	
Certificate & Petition for Involuntary/Judicial (Court Court	order) Admission In this transfer request.	Transport Request tion).	YES Form, He	NO OSPITAL FACE NO NO NO	
Certificate & Petition for Involuntary/Judicial (Court C All forms have been completed, signed and faxed with Note- transporting units will be dispatched only after Sheet, Certificate and Petition, (or Court Order in lieu Pre-transport Risk Assessment 1. Do physical limitations prohibit transport by car; at 2. Is the patient a juvenile? 3. Does the patient require restraints for transfer? 4. Are there identified complicating medical conditions.	order) Admission In this transfer request, receipt of: completed of Certificate and Petinembulatory, weight, or the one with potential for definition.	Transport Request tion).	YES Form, He YES YES YES YES	NO OSPITAL FACE NO NO NO NO	
Certificate & Petition for Involuntary/Judicial (Court Could All forms have been completed, signed and faxed with Note-transporting units will be dispatched only after Sheet, Certificate and Petition, (or Court Order in lieux Pre-transport Risk Assessment 1. Do physical limitations prohibit transport by car; at 2. Is the patient a juvenile? 3. Does the patient require restraints for transfer? 4. Are there identified complicating medical conditions. Was there assaultive behavior in connection with the same content of the patient of the pa	prient? Order) Admission In this transfer request. In receipt of: completed of Certificate and Petin In this with potential for details admission?	Transport Request tion).	YES Form, He	NO OSPITAL FACE NO NO NO	
Certificate & Petition for Involuntary/Judicial (Court C All forms have been completed, signed and faxed with Note- transporting units will be dispatched only after Sheet, Certificate and Petition, (or Court Order in lieu Pre-transport Risk Assessment 1. Do physical limitations prohibit transport by car; at 2. Is the patient a juvenile? 3. Does the patient require restraints for transfer? 4. Are there identified complicating medical conditions.	prder) Admission th this transfer request. receipt of: completed of Certificate and Petit ambulatory, weight, or ons with potential for d this admission?	Transport Request tion).	YES Form, He YES YES YES YES YES YES	NO OSPITAL FACE NO NO NO NO NO NO	
Certificate & Petition for Involuntary/Judicial (Court C All forms have been completed, signed and faxed with Note- transporting units will be dispatched only after Sheet, Certificate and Petition, (or Court Order in lieu Pre-transport Risk Assessment 1. Do physical limitations prohibit transport by car; at 2. Is the patient a juvenile? 3. Does the patient require restraints for transfer? 4. Are there identified complicating medical conditions. Was there assaultive behavior in connection with the C. Was there use of PRN medications for agitation with the complex property of the patient with the C. Was there use of PRN medications for agitation with the complex property of the patient with the complex property of the patient of t	prder) Admission th this transfer request. receipt of: completed of Certificate and Petit ambulatory, weight, or this admission? ith this admission? ns?	Transport Request tion). other? ifficulty enroute?	YES Form, He YES YES YES YES YES YES YES	NO OSPITAL FACE NO NO NO NO NO NO NO	
Certificate & Petition for Involuntary/Judicial (Court Could All forms have been completed, signed and faxed with Note-transporting units will be dispatched only after Sheet, Certificate and Petition, (or Court Order in lieux Pre-transport Risk Assessment 1. Do physical limitations prohibit transport by car; at 2. Is the patient a juvenile? 3. Does the patient require restraints for transfer? 4. Are there identified complicating medical conditions. Was there assaultive behavior in connection with the County of the patient exhibit imminent suicidal ideation.	prder) Admission th this transfer request. receipt of: completed of Certificate and Petir ambulatory, weight, or this admission? ith this admission? ns? ed elopement (fleeing	Transport Request tion). other? ifficulty enroute?	YES FORM, HE YES YES YES YES YES YES YES YES YES	NO OSPITAL FACE NO	