

# 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.

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**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.**

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## 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
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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.

<b>Part B</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><b>See Pages 3 and 4</b></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**

<b>Physician's Practice Specialty</b>			
<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**

<b>ABMS Certification (if applicable)</b>	
<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

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**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

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