City of Lubbock TEXAS
HEALTH DEPARTMENT
806.775.2935

Inter-Facility Infection Prevention Transfer Form

This form must be filled out for transfer to accepting facility with information communicated prior to or with transfer.
Please attach copies of latest culture reports with susceptibilities if available.

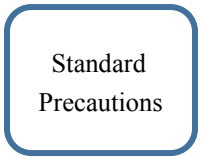
Sending Healthcare Facility:

Patient/Resident Last Name	First Name	Date of Birth	Medical Record Number
		___/____/_____	

Name of Sending Facility	Phone Number	Address

Sending Facility Contacts	NAME	PHONE	EMAIL
Case Manager/Admin/SW			
Infection Prevention			

Personal Protective Equipment for Safe Patient Contact and Infection Prevention
Please check what is needed:



☐ Standard

☐ Gown

☐ Gloves

☐ Surgical (Droplet Mask)

☐ Fit-Tested N95

Does patient currently have an infection, colonization OR a history (in the last 12 months) of a positive culture of a multidrug-resistant organism (MDRO) or other organism of epidemiological significance?	**History** (Last 12 months) *Check if YES*	**Current** *Check if YES*
Methicillin-resistant *Staphylococcus aureus* (MRSA)		
Vancomycin-resistant *Enterococcus* (VRE)		
Clostridium difficile		
***Acinetobacter*, multidrug-resistant**		
***E. coli*, *Klebsiella*, *Proteus*, etc. w/ Extended Spectrum β-Lactamase (ESBL)**		
Carbapenem-resistant Enterobacteriaceae (CRE)		
Carbapanem-resistant *Pseudomonas aeruginosa* (CRPA)		
Other:		
Cultures pending:		

SYMPTOMS: Check any that **currently** apply:

☐ Cough/uncontrolled respiratory secretions ☐ Incontinent of urine ☐ Vomiting ☐ Acute diarrhea or incontinent of stool	☐ Draining wounds ☐ Other uncontained body fluid/drainage ☐ Concerning rash (e.g. vesicular)	☐ None of the symptoms listed present

Person completing form: _____
Role: _____ Date: _____/_____/_____