



### Adult Critical Care C2 Transfer Request Proforma- Independent Sector

Patient name	
Patient Number	
Consultant Requesting transfer	

#### Identify and confirm bed with receiving hospital and receiving Consultant

Hospital:	
Unit:	
Consultant:	

**“This is a Critical Care Transfer you will need to collect a Critical Care Transfer Trolley and Breathing Circuit *from – identify hospital*. A paramedic crew is not required”**

**0191 4143144**

Dispatch NEAS job number:	
Time:	
Person Requesting Ambulance	Name:
Operator	Name:
Referring Department	
Picking up point	
Receiving Hospital	
Receiving Department	
Name of Patient	
Principle diagnosis	
Who is accompanying the patient.	
How much Oxygen is required	
Ambulance Arrived:	Time:

#### Ambulance Delayed – Follow-up Calls

Time:	
Person Requesting Ambulance	Name:
Speak to Duty Manager	Name:

Problem - ETA

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Time:	
Person Requesting Ambulance	Name:
Operator	Name:

Problem - ETA

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