

NIH Interhospital Transfer Checklist

Date: \_\_\_\_\_

Direct transfer to a psychiatric facility:

- \_\_\_ Involuntary hospitalization required
- \_\_\_ Application for Involuntary Admission (Form DHMH 34) completed by nurse or social worker
- \_\_\_ Physician's or Psychologist's Certificate to Accompany Application for Involuntary Admission (Form DHMH 2) completed by primary physician-page 2 and 3
- \_\_\_ Physician's or Psychologist's Certificate to Accompany Application for Involuntary Admission (Form DHMH 2) completed by second physician or psychologist-page 2 only
- \_\_\_ Clinical Center Request for Ambulance form and Authorization for Outside Services form completed
- \_\_\_ Clinical summary prepared and signed by primary physician
- \_\_\_ Receiving hospital contacted:  
name of receiving facility \_\_\_\_\_  
date and time of acceptance \_\_\_\_\_  
receiving official-name/ \_\_\_\_\_  
telephone # \_\_\_\_\_
- \_\_\_ primary physician has contacted receiving physician by telephone to discuss patient

Signature of primary physician: \_\_\_\_\_

Print name and degree: \_\_\_\_\_

Petition for emergency evaluation for NIMH outpatients who refuse voluntary admission to an inpatient Behavioral Health unit or outpatients of non NIMH Institutes:

- \_\_\_ Psychiatric evaluation required
- \_\_\_ Petition for Emergency Evaluation (Form CC/DC 13) completed
- \_\_\_ Clinical Center Request for Ambulance form and Authorization for Outside Services form completed
- \_\_\_ Clinical summary prepared and signed by primary physician
- \_\_\_ Receiving unit (Suburban Hospital ER recommended) contacted:  
name of receiving facility \_\_\_\_\_  
date and time of acceptance \_\_\_\_\_  
receiving official-name/ \_\_\_\_\_  
telephone # \_\_\_\_\_
- \_\_\_ primary physician has contacted receiving physician by telephone to discuss patient

Signature of primary physician \_\_\_\_\_

Print name and degree: \_\_\_\_\_

\_\_\_ Copy of this form sent to Institute Clinical Director (check below as appropriate)

- NIMH  NIAAA  NIDA  NCI  NIEHS  NEI  NIGMS  NHLBI  NHGRI  NINDS
- NIA  NINR  NIAID  NIAMS  NIBIB  NICHD  NIDCD  NIDCR  NIDDK