

State of Louisiana
Louisiana Department of Health
Office of Behavioral Health

TRANSFER

| | |
|---------------------|----------------|
| NAME OF PATIENT: | |
| ADDRESS OF PATIENT: | DATE OF BIRTH: |

The above named patient currently receiving treatment at _____
(FACILITY)

is hereby transferred to _____
(FACILITY). All necessary arrangements for care

and treatment have been made. The patient was admitted: (check one)

| | |
|--|--|
| <input type="checkbox"/> Voluntarily | <input type="checkbox"/> On a non-contested status |
| <input type="checkbox"/> Emergency Certificate | Date: _____ |
| <input type="checkbox"/> Judicial commitment | |

The appropriate documents are attached.

Signed _____
DIRECTOR OF SENDING FACILITY

Date _____

(If patient is admitting voluntarily this section must be completed)

I _____, declare that I am aware of and agree with this transfer and intend to admit myself voluntarily to _____
(FACILITY).

Patient Signature: _____ Date _____

Completion of the above certificate shall constitute legal authority to transport the patient to the following facility:

- (1) _____ or
(2) Alternate Facility: _____

To be transported by _____ Relationship to patient _____

This document shall constitute valid authorization to detain and treat patient according to LA Revised Statute 28 Sec. 53 and 54 (Emergency and Judicial Commitments) and LA Revised Statute 28 Sec. 52 (Voluntary)

Signature of Director of Receiving Facility: _____ Date: _____

(Attach copies of medical and coroner's certificates and discharge summary)

Original to Receiver - One copy for sender's files.