MATERNAL TRANSFER TO HOSPITAL
Provider-to-Provider Report

Place patient Medical Record Sticker here

Date: ___/___/_____ Time: _____:_____

Patient Last Name: _____

Patient First Name: _____ DOB: ___/___/_____

Transfer to: _____

Contact Name: _____

Contact Number: (_____)_____-_____

Transfer from:

Provider: _____

Contact Number: (_____)_____-_____

Facility Name: _____

Birth Center Code: _____

Contact Number: (_____)_____-_____

Fax: (_____)_____-_____

***Hospital*: Please send communication and discharge summary to the above "Transfer from" provider.**

SITUATION: _____

_____

_____

_____

_____

BACKGROUND: _____ y/o G__ P __ __ __ __ @ _____ weeks

EDD: _____ by LMP: _____ or U/S @ _____ weeks

Fetal Number: _____ Presentation: _____

Previous Cesarean? #: _____ Scar Type: _____

Previous Vaginal Birth? #: _____ Previous VBAC? #: _____

U/S @ _____ weeks Findings: _____

Placenta: : _____ cm from os.

Pertinent History: ( )

_____

_____

_____

Meds/Supplements/Allergies: _____

_____

_____

CURRENT STATUS

Membrane Status:

Date ROM: __/__/__ Time ROM: :

Fluid:

Fetal Status: Last Exam: _____

Baseline: _____ Variability:

Accels: Decels: _____

Monitoring:

Labor Status:

Last Cervical Exam: _____

Dil. _____ Eff. _____ Sta. _____ Pos. _____

Ctx Pattern: _____

Maternal VS Time: _____:_____

BP _____ P _____ R _____ T _____

LABS AND MEDICATIONS

ABO/Rh:

H/H: __/__ PLTS: _____/

HIV: RPR:

HepB sAg:

Rubella:

GBS: Date: __/__/__

ABX: : _____

> 4 hours:

Intrapartum Meds: _____

_____

Postpartum? Time of Birth: _____:_____ Placenta Delivered? Time: _____:_____

EBL: _____ Lacerations/ Complications: _____

ASSESSMENT: _____

_____

RECOMMENDATION: _____

_____

Method of Transport: ETA: ___:_____ Place of Arrival:

Maternal Desires: _____

Person(s) Accompanying Patient: _____

Midwives: Please email this form to: birthregistration@utah.gov

To submit feedback on this form or to comment on the transfer process, please visit mihp.utah.gov/UWNQC or call 801-273-2856. V12/2018

Hospital: please scan or otherwise include this form in the patient medical record