



COMMUNITY
REGIONAL
MEDICAL CENTER

PATIENT TRANSFER INFORMATION

Community Regional Medical Center
2823 Fresno Street
Fresno, CA 93721

Contact:
Transfer Center (559) 459-5555
Fax (559) 459-6048
Hours: 24/7

Requestor Contact Information

Referring facility: _____

Area: _____

Person calling: _____

Referring physician: _____

Contact number: _____

Reason for transfer:

Higher level of care _____

Lack of specialty services _____

Payor request _____

Fresno CO MISP Pt _____

No bed/staff available _____

Patient request _____

Physician request _____

Custody patient _____

Other _____

Patient Information

Patient name: _____ Private physician (if applicable): _____

Age: _____ DOB: _____ Sex: _____ Weight: _____ (pediatric patient only)

Diagnosis: _____

Does this person have an emergency medical condition? _____ Yes _____ No

Patient Clinical Condition: GCS _____ BP _____ Pulse _____ Respirations _____ Temp. _____

Oxygen saturation: _____ (room air, 41 N/C, 15 liter, 100%, etc.)

Misc. notes:

