



LOS ANGELES COUNTY HEALTHCARE FACILITY TRANSFER CONTACT INFORMATION FORM

The purpose of this form is to help identify those involved with the patient transfer process within a facility. This information will then be used to optimize communication and coordination of care during patient/resident transfers.

Facility Name	
Facility Address	
Primary Contact for Patient/Resident Transfers	
Name	
Phone Number(s)	
Email	
Role(s)	
Secondary Contact for Patient/Resident Transfers (if available)	
Name	
Phone Number(s) (include extension)	
Email	
Role(s)	
Infection Preventionist/s	
Name	
Phone Number(s) (include extension)	
Email	
If your facility uses the LA County Facility Transfer Form, please answer the following:	
Who is responsible for completing the form?	
How does your facility use the information?	
Other Notes	

Available at <http://www.ph.lacounty.gov/acd/HCPmaterials.htm>

Finalized and approved by the Los Angeles County Healthcare-Associated Infections and Antimicrobial Resistance Committee on 12-13-16.