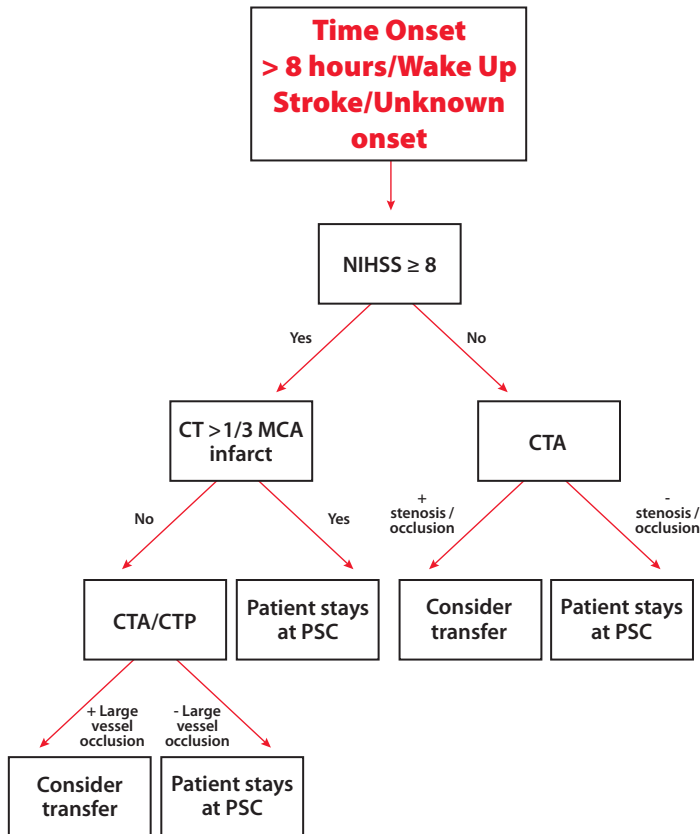
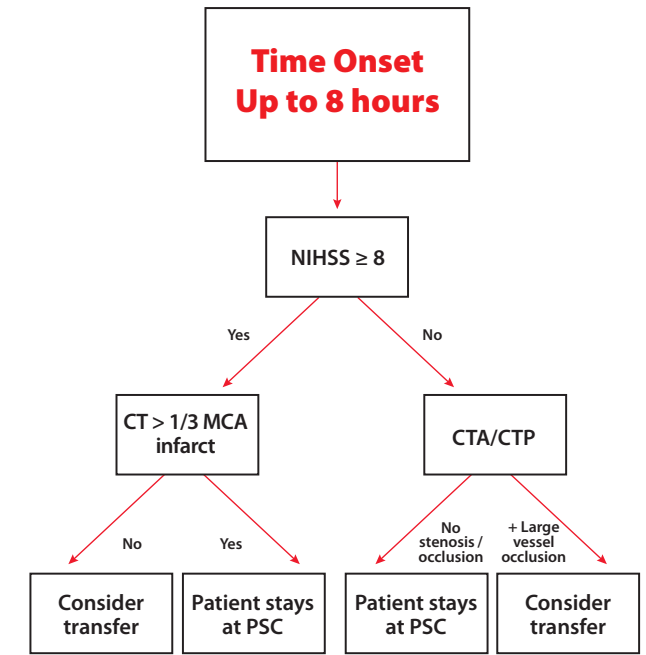
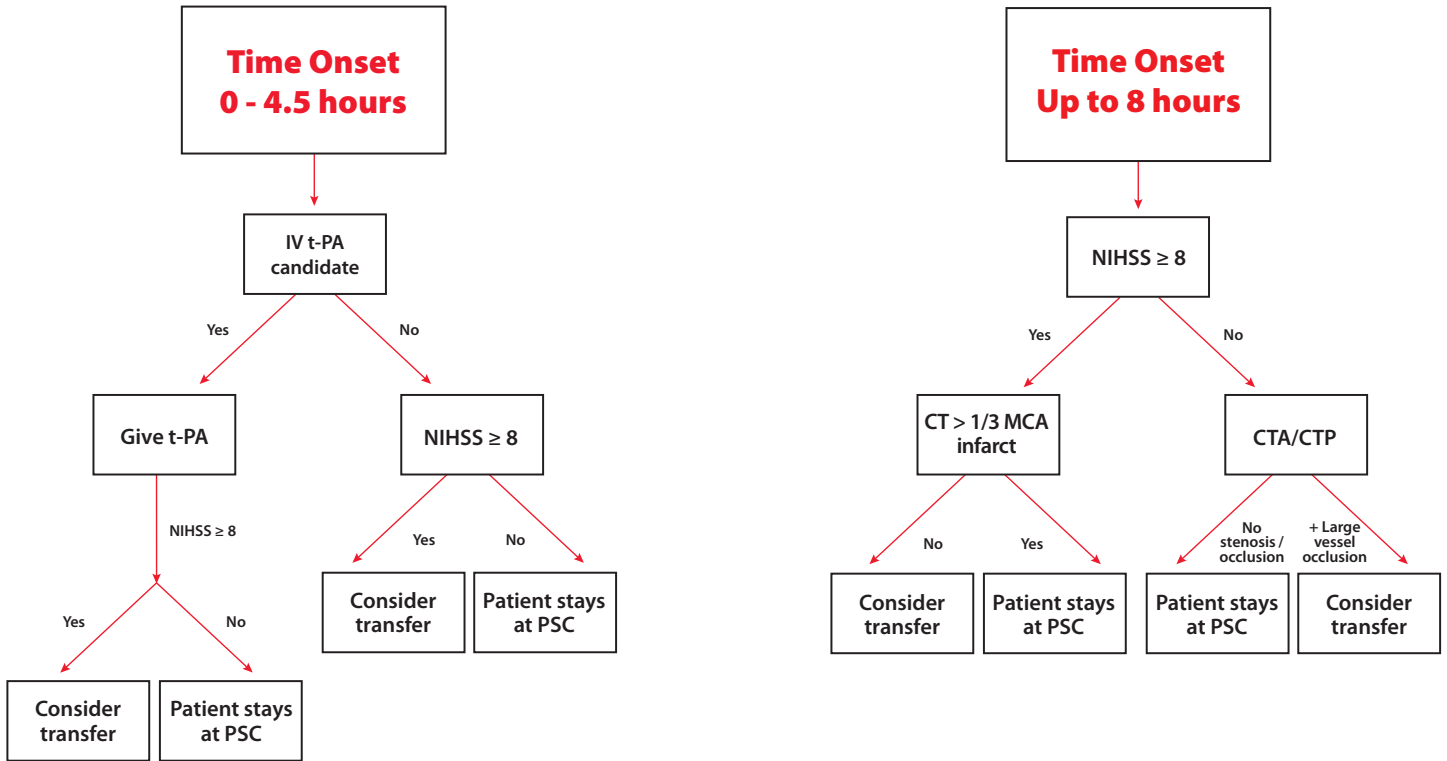


**Patient Referral Criteria**



**To page the on-call physician:  
Call (404) 686-5500  
and enter **LYSIS** (59747)**

# Transfer Information Form

- 1) Call (404) 686-5500 and enter **LYSIS** (59747) to page on-call physician via phone
- 2) Arrange for patient transportation
- 3) Fax this form and completed face sheet to:  
Grady's Admitting Department (404) 616-9208 and Grady Neuro ICU (404) 616-5796
- 4) Call report to Grady Neuro ICU at (404) 616-4391

Date/Time: \_\_\_\_\_

Referring Hospital: \_\_\_\_\_

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Time of Onset or Last Known Normal: \_\_\_\_\_

NIHSS: \_\_\_\_\_

Was tPA given?  Yes  No If yes, time started: \_\_\_\_\_ dose: \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_

Last VS: BP \_\_\_\_\_ HR \_\_\_\_\_ RR \_\_\_\_\_

IVs (gauge/location/fluids): \_\_\_\_\_

Foley  Yes  No EKG  Yes  No

Femoral Sheath  Yes  No Has it been secured?  Yes  No

Allergies: \_\_\_\_\_

Medications:


Smoker  ETOH  Substance Abuse Pregnant  Yes  No  N/A

If yes, please elaborate: \_\_\_\_\_

Past Medical History: \_\_\_\_\_

Abnormal labs: \_\_\_\_\_

Family history of anesthesia complications?  Yes  No

If yes, please elaborate: \_\_\_\_\_

Family contact information (names and phone numbers):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_