

State of New Jersey
Instructions for Completion
Psychiatric Transfer Forms

1. The Consensus Statement, Medical Clearance Protocols for Acute Psychiatric Patients, Referred for Inpatient Admission, requires the use of standardized forms to consistently communicate pertinent, accurate clinical patient care information at the time of transfer.
2. The State of New Jersey, Psychiatric Transfer Form, Emergency Dept/Crisis (one page form) should be used when transferring an individual from the emergency department/crisis unit to any inpatient psychiatric setting including all STCF facilities, voluntary psychiatric units, private psychiatric facilities, county hospitals, state psychiatric facilities as well as the Ann Klein Forensic Center. **The start date for use of this form has been changed to Monday, April 25th.**
3. The State of New Jersey, Psychiatric Transfer Form, Inpatient Inter-facility Transfer (three page form) should be used then transferring an individual from:
 - Any inpatient psychiatric unit to a county psychiatric hospital, state psychiatric facility or the Ann Klein Forensic Center;
 - Any county jail or a state prison to a county psychiatric hospital, state psychiatric hospital or the Ann Klein Forensic Center;
 - Any medical inpatient unit to a private inpatient psychiatric facility, STCF facility, county psychiatric facility or state psychiatric facilities;
 - Any residential developmental center or county hospital to the state psychiatric facilities or to the Ann Klein Forensic Center.

The start date for use of this form will be announced based on the release and implementation requirements of the Universal Transfer Form.

- This form documents the preadmission medical evaluation completed by the clinician who has examined the patient and reviewed the findings of all laboratory and diagnostic tests. It can be completed by any clinician in the sending facility, but an examining or treating physician or APN shall sign the form to certify that the information is accurate and complete. **The completed form must be legible.**
 - This form and accompanying New Jersey Universal Transfer Form (NJ UTF), as well as physical examination and lab reports (as indicated checked on the form) must be faxed or sent by electronic means to the receiving facility when the initial referral is made.
4. A Tuberculin Skin Test result may be submitted if a referring facility does not have chest x-ray results on a patient and a chest x-ray is otherwise not clinically indicated. This applies to patients referred from an inpatient care setting, county jail or correction center to the next level of psychiatric care at a county psychiatric facility, state psychiatric facility or the Ann Klein Forensic Center.
 5. Sending facilities shall provide the contact information of the treating or transferring psychiatrist or other physicians so that receiving psychiatrist or physicians involved in a patient's care can discuss the clinical issues and provide an opportunity for hand off communication as required by Joint Commission.
 6. Any issues resulting in variation from the consensus statement on medical clearance protocols (e.g., patient refusal of blood work or other difficulties conducting diagnostic work up) should be resolved by physician-to-physician communication. Physician-to-physician contact shall routinely attempt to resolve any of the following concerns:
 - Questions about ongoing medical issues or treatment recommendations
 - Request for specific or additional diagnostic testing
 - Appropriateness of transfer to one facility over another
 - Any general clinical disagreement