

Request to be Transported to Hospital on Divert**8.03****PURPOSE**

This form should be used when a patient requests transport to a hospital that is on diversion. The patient should be informed of the diversion and what the diversion means. If the patient is adamant that he/she be transported to the hospital on diversion, complete this form and have the patient sign the Statement of Understanding below.

EMS TRANSPORT PROVIDER: MARK ALL THAT APPLY

- Patient transported to a hospital that was on “diversion.”
- Patient was informed and voiced understanding that an extended wait is possible.
- Patient was informed and voiced understanding that transfer to another hospital is possible.
- Patient was diverted to this hospital because _____ hospital is on Emergency Department, Critical Care, Med/Surg, Psych, CT, Labor & Delivery diversion. (Enter hospital name and circle appropriate reason for diversion).

STATEMENT OF UNDERSTANDING

It has been explained to me that _____ hospital is on diversion, and that I may have an extended wait to see the doctor, get a bed, or may need to be transferred to another hospital. I still wish to be transported to this hospital.

Signature of Patient

Date

Witness (optional)

Print Name

Signature