High-Risk ICU Patient Transfer Consent Form

This form is for obtaining consent for the transportation of a high-risk ICU patient via mobile ICU ambulance (ICU on Wheels) provided by Ve Care Health Care Services.

Name:		Age/Sex:	
		e.a 65/Male	
Diagnosis:			
Current Condition:			
Referred From Hosp	ital:	Referred To Hospital:	
Date of Transfer:		Time of Transfer:	
2. Patient Vita	al Signs (Optio	nal)	
Please fill this section	n if applicable.		
A	n·		
At time of picku	ρ.		

RR:	Temp:	GCS:
Remarks:		
During transport (m	idway):	
BP:	Pulse:	SPO2:
RR:	Temp:	GCS:
Remarks:		
Remarks.		
At handover to hosp	oital:	
BP:	Pulse:	SPO2:
	_	
RR:	Temp:	GCS:
Remarks:		

3. Declaration by Patient's Relative / Legal Guardian
I, Mr./Ms.:
Relation to Patient:
hereby give my full consent for the transportation of the above-named patient in a mobile ICU ambulance (ICU on Wheels) provided by Ve Care Health Care Services.
I have been explained that:
The patient is in critical condition and transfer is being done on the
recommendation of the referring doctor.
 There is a risk of worsening of condition or death during transit despite precautions.
 Ve Care is a transport service, not a treating hospital, and is not liable for any
medical outcome including death. • The onboard medical team is for basic ICU care support during transit, not full
hospital treatment.
4. Consent & Waiver
I accept all risks and do not hold Ve Care, its staff, or associated doctors
responsible for any complications or death that may occur during transfer.
5. Signature of Relative / Legal Guardian
Please provide your electronic signature below.
Full Name (Typed as Electronic Signature):

e.a Aadhar Number or Idei	ntitv Number
Date:	Time:
2025-06-17	21:07
Contact Number:	
Alternatively, draw your signa	ature below:
	nding Ambulance Staff
(Paramedic/Doctor)	
(Paramedic/Doctor)	
(Paramedic/Doctor)	
(Paramedic/Doctor) Name:	
(Paramedic/Doctor) Name:	

Draw Staff's Signature:

