

**Pregnancy Transfers Form for  
Our Lady of the Lake Transfer Center**

Name of the patient:

Age:

How far along (estimated gestational age, EGA):

What is the patients Para and Gravida:

Is the patient in active labor: (if yes **DO NOT TRANSFER, call Medical Directors**)

- Has her water broken: (if yes **DO NOT TRANSFER, call Medical Directors**)
- Is she contracting and what is the time interval between contractions: (if less than 5 min apart **DO NOT TRANSFER, call Medical Directors**)
- Is she dilated and how much: (If 5 cm or greater **DO NOT TRANSFER, Call Medical Director**)
- When was the last bimanual exam performed: \_\_\_\_\_

**\*\*\*Medical Directors\*\*\***

- 1) Dr Chris Trevino
- 2) Dr Mark Laperouse
- 3) Dr Katie Oneal
- 4) Dr Phillip Allen