TRANSFER FORM - HOSPITAL TO OTHER FACILITY
(Instructions on reverse)

A. Date: _______ Patient Name: __________________________ Medical Record #: ______________

Next of kin/POA: _______________________________________________ phone: ______________

Name of transferring physician: ___________________ direct contact number: ______________

Discharging Hospital/Unit: ____________________________

Charge RN: ___________________ phone: ______________

Case Manager and/or Social Worker: ____________________________ phone: ______________

B. Clinical documentation (attached):

☐ History and Physical *required  ☐ Consultation notes, interim summary
☐ Suggested meds or orders *required  ☐ Discharge summary
☐ Copy of Advance Directives  ☐ Xray, lab reports

C. Code status: __________________________ Weight-bearing status: __________________________

Wound care: ____________________________________________________________

Important nursing, respiratory or PT/OT care: ______________________________

D. Problem list /issues:

E. Other pertinent aspects of care

1. Patient possesses decisional capacity: yes/no (circle one), comments: ____________________

2. Vital signs, O2 requirement and mental status at time of transfer: ______________________

3. Duration of antibiotic therapy: __________________________________________________

4. Foley catheter – Rationale ______________________________________________________

5. IV access / PICC line / other – rationale __________________________________________

6. Protime/INR goal and recommended duration of anticoagulation therapy ______________

7. Recommended Labs and dates: __________________________________________________

8. Follow-up appointments: ______________________________________________________

9. Primary care physician: ____________________________ phone: ________________________

10. Date to remove sutures/skin staples: _____________________________________________

11. Important pending lab: ________________________________________________________

In an effort to improve patient safety and continuity of care, this form was developed by the New Mexico Patient Safety Task Force, a volunteer group of New Mexico providers convened by the New Mexico Chapter of the American College of Physicians. The Task Force strongly recommends direct discussion between the transferring and accepting physician, especially in patients with complex problems or unresolved issues.  

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INSTRUCTIONS
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General Instructions: This form is intended as a one page summary designed to assist providers who receive patients from another facility. Additional clinical documents should accompany this form. It is expected that this form will be completed by a clinician at the transferring facility who is familiar with the patient. As you complete this form, think about those aspects of patient care that would be helpful to you if you were receiving this patient at the receiving facility.

In patients with complex problems or unresolved issues, The Task Force strongly recommends a direct discussion between the transferring and accepting physician.

Section A. Fill in the appropriate information. Every item should be completed. If the patient does not have next of kin or Power of Attorney (POA), write N/A.

Section B. Check the appropriate boxes for documents that will be accompanying this form. As a minimum, a copy of the Admitting History and Physical from the transferring facility and a list suggested medications that the patient should receive at the accepting facility. Admitting orders for the accepting facility are preferred.

Section C. Always indicate code status (full code, DNR) and weight-bearing status. Wound care instructions and nursing, PT/OT or respiratory therapy orders as appropriate.

Section D. List medical problems that are active at the time of transfer.

Section E. Be sure to complete items 1 and 2 in this Section. If the patient is not on oxygen, write “Room air” under item 2. Record in this Section any additional aspects of care that may be useful to the receiving provider.

This form is under development. The New Mexico Patient Safety Task Force would welcome comments about the usefulness of the form and suggestions for improvement. Contact J Rush Pierce Jr, MD at irpierce@salud.unm.edu. Visit the New Mexico Patient Safety Task Force wiki site at: http://nmhm.pbworks.com/w/page/65713542/New%20Mexico%20Patient%20Safety%20Task%20Force