TRANSFER TEMPLATE (INTO LONG TERM CARE)

Admit to: Dr. ______________________
Notify MD of admission in am (if admitted after 5:00 pm)
Level of care: SNF/NH
Primary Discharge Dx: ____________________________
Secondary Discharge Dx: __________________________
Other Discharge Dx: __________________________
Surgical procedures/endoscopies __________________________
Current Dx: prior to ACH admission __________________________
APS case (special instructions): __________________________/Transfer from another NH/Home
Code Status: Full/DNR/OOH DNR/No artificial feeds/hydration/DNH
DPOA/POA/Guardian/Proxy __________________________ Contact No: __________________________
VS: routine/other (ACH VS: _________ O2 Sat: RA ___ / ___ on ___L/NC)
PAIN: location/description/Tx. Meds __________________________
Last BM _________ Bowel regimen __________________________
Cognition: Not impaired/Impaired with decisional capacity/Impaired without decisional capacity/elopement risk
Function: Full wt. Bearing/Modified wt. Bearing/wc/walker Fall risk/amb. with assistance only
BOWEL: continent/incontinent BLADDER: continent/incontinent
REHAB CANDIDATE: good/bad Evaluation: PT&/or OT* / ST (MBBS; attach results/recs.) *See PT/OT recs.
ACCESSORIES: hearing aide- inilateral, bilateral/dentures – upper/lower
ALLERGIES/Associated symptoms: __________________________
DIET: Regular/Modified: __________________________
Tube feedings: NG/PEG/GT Type of nutrition: _________ Residuals: __________________________
Administration orders: __________________________
LINES & TUBES: Type: _________ insertion date _________ d/c date _________
Pacemaker/Internal Defibrillator: Last interrogated __________________________
Hemodialysis/dialysis days: __________________________
ACCUCHECKS: AC&HS/other __________________________
PRESSURE ULCER(S): Location/TX __________________________
PERTINENT LABS & IMAGING TEST RESULTS: PT/INR _________ DATE _________
_________________________ Coumadin/day NEXT PT/INR DUE DATE: _________
INR Goal: _________ Other: CBC(S) __________________________
CHEM 7 _________ LFT’S _________, OTHER: __________________________
IMAGING STUDIES: __________________________
INFECTION/ISOLATION TYPE/TREATMENT: __________________________
ACTIVE/INACTIVE/colonized __________________________
MEDICATIONS/INDICATION/STOP DATE/SPECIAL RECE. (if indicated): __________________________
MD F/U VISITS: F/U with PCP/Specialist: __________________________
TRANSFERRING MD: __________________________ PAGER: __________________________
DATE: __________________________

July 4, 2007