TRANSFER TEMPLATE (TO ACH)

Level of care: SNF/NH
Primary Transfer Dx: ____________________________
Secondary Transfer Dx: ____________________________
Other Transfer Dx: ____________________________
Current Dx: prior to ACH/SNF/NH admission ____________________________
APS case (special instructions): ____________________________
Code Status: Full/DNR/OOH DNR/No artificial feeds/hydration/DNH
DPOA/POA/Guardian/Proxy ____________________________ Contact No: ____________________________
VS: routine/other (NH 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/eloement 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 ________
On ______________ 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 RECS. (if indicated)*: ____________________________
*See MARS ____________________________

TRANSFERRING MD: ____________________________ PAGER: ____________________________
DATE: ____________________________

July 4, 2007