UT Medicine SA Geriatrics
Provider Transfer-of-Care Summary [r4]

Admit Date:
D/C Date:
D/C Attend:

PRIMARY DISCHARGE DIAGNOSES (short statement):

Secondary Diagnoses

- □ Hypertension □ Diabetes □ Insulin Dependen
- □ A. Fib □ Depression
- □ Anemia □ CA_____
- □ OA RA □ CKD
- □ CAD □ COPD
- □ s/p CVA □ Dementia _____
- □ Hyperlipid. □ Heart Failure
- □ Hypothyroid. □ Osteoporosis
- □ Parkinsons □ U. Incontinence

●_____ ●_____
●_____ ●_____
●_____ ●_____
●_____ ●_____
●_____ ●_____

Surgeries:
□ Total Knee □ Hip Fx Repair □Weight Bearing Status

Medications (Changes or additions to prior regimen)

●_____ ●_____
●_____ ●_____
●_____ ●_____
●_____ ●_____
●_____ ●_____
●_____ ●_____
●_____ ●_____
●_____ ●_____
●_____

□ ABX_____ mg Q__ Stop Date_____
□ ABX_____ mg Q__ Stop Date_____
□ Lovenox_____mcg SQ Stop Date_____

Allerg: □☐NKDA □ ☐PCN ☐SULFA

CBC \ /
/ \
N % B % L %E %
□*Diff wnl*
PT INR
Na | Chl | BUN | GLU
K | C02 | Creat
Mg Ca Phos
Tprot Alb TChol
Iron UIBC Retic
Calc. GFR HbA_1C
UA
Urine C&S:
TSH T_4
EKG: □ *wnl or*
CXR: □ *wnl or*
MRI/CT: □ *wnl or*
OTHER LAB/PROCEDURES
Pending Labs, Reports:

☐DNR (copy attached) ☐ FULL CODE

Additional Info:

DISPOSITION: □ ☐Home ☐AFV ☐Buenavida
☐ PLW ☐ MSM☐ Other:_____
☐ *FU HIMS*
Followup with Dr. _____ in 2 weeks or ___

PT. NAME: **DOB:** **SIGNATURE**_____