

Date: [Insert Date]

RE: Patient Transfer/Discharge

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Health Card Number: [ID Number]

Admission Date: [Start Date]

Discharge Date: [End Date]

Transferring Facility: [Current Facility Name]

Receiving Facility: [New Facility/Care Home Name]

1. Reason for Transfer

[Briefly state why the patient is moving, e.g., transition from acute to long-term complex care.]

2. Clinical Summary & Medical History

Primary Diagnoses: [e.g., Dementia, COPD, Heart Failure]

Recent Hospital Course: [Summarize major events, stability, and recent labs.]

Cognitive Status: [e.g., MMSE score, level of orientation, wandering risk.]

Functional Status (ADLs): [e.g., Requires 2-person assist for transfers, incontinent, mechanical lift required.]

3. Medication Record

[List all current medications, dosages, and frequencies. Note any recent changes or psychotropic medications requiring monitoring.]

4. Specific Care Needs

- **Dietary:** [e.g., Minced/Thickened fluids, NPO, Diabetic diet]
- **Skin Integrity:** [e.g., Pressure injury stage, dressing change frequency]
- **Behavioral:** [e.g., Sundowning, aggression triggers, de-escalation techniques]
- **Equipment:** [e.g., Oxygen 2L/min, CPAP, Wheelchair, Bed rails]

5. Advance Directives

Resuscitation Status: [e.g., DNR/DNI/Full Code]

Substitute Decision Maker (SDM): [Name and Contact Information]

6. Follow-up Requirements

[List upcoming specialist appointments or pending test results.]

Discharging Physician: [Name/Signature]

Contact Number: [Phone Number]

Facility Department: [Department Name]