

Hospital-to-Hospital Patient Transfer Record

PATIENT INFORMATION

Full Name

Date of Birth

Gender

Medical Record Number

TRANSFERRING HOSPITAL

Hospital Name

Ward/Unit

Attending Physician

RECEIVING HOSPITAL

Hospital Name

Ward/Unit

Receiving Physician

TRANSFER DETAILS

Date & Time of Transfer

Mode of Transport

Accompanying Staff

REASON FOR TRANSFER

SUMMARY OF CLINICAL CONDITION

RELEVANT INVESTIGATIONS & MANAGEMENT

MEDICATIONS AT TRANSFER

OTHER NOTES

Prepared By

Designation

Date

Signature