

# 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