

Inter-Hospital Transport Information Sheet

Patient Details

Patient Name

Date of Birth / Age

Gender

Patient ID / MRN

Diagnosis

Allergies

Referring Facility Details

Facility Name

Contact Person

Contact Number

Date & Time of Transfer Request

Receiving Facility Details

Facility Name

Consultant / Doctor

Contact Number

Clinical Summary

Reason for Transfer

Relevant Medical History

Current Treatments / Interventions

Recent Vitals

Transport Arrangements

Mode of Transport

Accompanying Personnel

Special Equipment Required

Other Instructions

Referring Physician / Nurse

Date & Time