

Medical Transfer Coordination Checklist

Patient Name: _____

Date of Birth: _____

MRN/Patient ID: _____

Date of Transfer: _____

Transferring Facility: _____

Receiving Facility: _____

PREPARATION

- ☐ Transfer request reviewed and approved by physician
- ☐ Informed consent for transfer obtained and documented
- ☐ Medical summary and referral note prepared and sent
- ☐ Tracing and printing of relevant investigations/reports
- ☐ Patient/family notified of transfer details

MEDICAL

- ☐ Medication list and current orders prepared
- ☐ Copies of recent labs/imaging attached
- ☐ IV lines/tubes/catheters secured
- ☐ Allergies and code status documented
- ☐ Necessary equipment (oxygen, monitors) arranged

LOGISTICS

- ☐ Mode of transport confirmed
- ☐ Receiving facility and physician notified
- ☐ Accompanying staff assigned
- ☐ All necessary paperwork with patient
- ☐ Personal belongings secured/packed

HAND-OFF

- ☐ Verbal hand-off given to receiving team
- ☐ Updated contact numbers exchanged
- ☐ Documentation of transfer in chart completed

Coordinator Name: _____

Signature: _____

Date/Time: _____

