

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: _____

