

# Cardiology Patient Transfer Documentation

## Patient Information

Full Name

Date of Birth

Patient ID

Gender

Contact Information

## Transferring Facility

Facility Name

Physician Name

Contact Number

## Receiving Facility

Facility Name

Physician Name

Contact Number

## Medical Details

Diagnosis

**Current Cardiology Status**

**Relevant Investigations**

**Treatments Given**

**Reason for Transfer**

**Notes**

**Transfer Information**

**Date & Time of Transfer**

**Mode of Transfer**

**Accompanied By**

**Transferring Physician Signature / Date**

**Receiving Physician Signature / Date**