

# 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**