

# Emergency Room to Inpatient Ward Transfer Note

## Patient Information

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

MRN: \_\_\_\_\_

Date/Time of Admission: \_\_\_\_\_

ER Physician: \_\_\_\_\_

Receiving Ward: \_\_\_\_\_

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## Presenting Complaint

\_\_\_\_\_  
\_\_\_\_\_

## History of Present Illness

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Past Medical History

\_\_\_\_\_  
\_\_\_\_\_

## Current Medications

\_\_\_\_\_  
\_\_\_\_\_

## Allergies

\_\_\_\_\_

## Physical Examination

Vital Signs: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Relevant Labs & Imaging

\_\_\_\_\_  
\_\_\_\_\_

**ER Course**

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**Assessment & Plan**

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**Pending Tests/Results**

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**Consults Notified**

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**Receiving Physician Notes**

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**Prepared by:**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date/Time:** \_\_\_\_\_