

Emergency Room to Inpatient Ward Transfer Note

Patient Information

Name: _____

DOB: _____

MRN: _____

Date/Time of Admission: _____

ER Physician: _____

Receiving Ward: _____

Presenting Complaint

History of Present Illness

Past Medical History

Current Medications

Allergies

Physical Examination

Vital Signs: _____

Relevant Labs & Imaging

ER Course

Assessment & Plan

Pending Tests/Results

Consults Notified

Receiving Physician Notes

Prepared by:

Name: _____

Signature: _____

Date/Time: _____