

# Patient Transfer Note

Patient Name:

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Date of Birth:

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MRN:

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Transferring Facility:

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Receiving Facility:

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Date & Time of Transfer:

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## Reason for Transfer

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## Brief Medical Summary

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## Current Medications/Treatments

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## Allergies

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## Isolation / Infection Control Precautions

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## Additional Notes / Recommendations

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\_\_\_\_\_ Completed by (Name & Title)

\_\_\_\_\_ Date

