

Skilled Nursing Facility Transfer Note

Patient Name:

Date of Birth:

Medical Record Number:

Date of Transfer:

Transferring From (Facility/Unit):

Transferring To (Facility/Unit):

Reason for Transfer:

Pertinent Medical/Surgical History:

Active Problems/Diagnoses:

Allergies:

Current Medications:

Recent Vital Signs:

Clinical Summary / Handoff:

Code Status:

Primary Physician / Provider:

Signature:

Date/Time:
