

Surgical Ward to Long-Term Care Facility Transfer Note

Patient Name: _____

Date of Birth: _____

Medical Record #: _____

Date of Transfer: _____

Diagnosis and Surgical Summary

Relevant History

Course in Hospital

Procedures/Interventions

Recent Investigations

Current Medications

Allergies

Clinical Status on Transfer

Care Needs & Recommendations

Follow-Up/Consults Arranged

Prepared By: _____

Designation: _____

Contact Info: _____

Date/Time: _____