

# 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

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## Follow-Up/Consults Arranged

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<b>Prepared By:</b>	<hr/>
<b>Designation:</b>	<hr/>
<b>Contact Info:</b>	<hr/>
<b>Date/Time:</b>	<hr/>