

Transfer Note: Acute Care to Rehabilitation Facility

Patient Name

Date of Birth

Medical Record #

Date of Transfer

Transferring Facility

Receiving Facility

Reason for Transfer

Pertinent Medical History & Hospital Course

Pertinent Physical Exam

Diagnoses

Allergies

Current Medications

Recent Lab Results / Imaging

Diet

Isolation / Precautions

Other Instructions

Physician Name / Signature

Date & Time