

McLaren Print System Order

Order No: 46978 Reprint Previous Order No: 6145
Order Date: 2019-07-16
User: Cherie Payne
Phone: 810-342-2375

Ship Location: Case Management Office 4S

Forms

Quantity: 500
Paragon Dept No: 91570
Dept Name: Case Management
Company Number: 60

Order Total Price: 322.00

Item Number: 17598
Item Description: Discharge by Transfer
Revision Date: 6/2018
Print: 1 sided full color
Paper: 2 Part (White, Yellow)
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: ss; red and black

McLAREN FLINT
FLINT, MICHIGAN
DISCHARGE BY TRANSFER

I. PATIENT INFORMATION (attach corrected face sheet)

Date of Transfer: ____/____/____ From (Unit/Room) _____
Destination: (Hospital, Extended Care Facility, Agency, etc.) _____
Nurse to Nurse Report Call: _____
Diagnosis: _____

***McLaren To Follow (RM) 323-8974**
***ATTENTION: Patient High Risk** for readmission & complications AMI CHF COPD
If appropriate, please refer patient to: McLaren Cardiac Rehab (810) 342-2985 / McLaren Pulmonary Rehab (810) 342-2985

II. DISCHARGE PLANNER

PCP _____ Specialist _____
PICC Line: _____
Ox Needed at: _____ BIPAP _____
Diet: _____
Hemodialysis: Schedule _____ Facility _____
Dry weight/baseline pounds _____
Other Instructions/Follow-Up Appointments: _____

III. SOCIAL WORK (Complete & Sign) Caregiver

Advanced Directives? (copy included) Yes No Code Status: _____
Hospice Plan: Discussed with: MD Patient Family
Referral made to: _____
Summary: _____

IV. NURSING Discharge Medication List Attached

Signature: _____ Date: ____/____/____ Time: _____

WHITE COPY - FACILITY
YELLOW COPY - MEDICAL RECORDS
DISCHARGE BY TRANSFER
FORM 100-0114


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