

McLaren Print System Order

Order No: 48360
Order Date: 2019-09-01
User: Rochelle Wilson
Phone: 810-342-2375

Ship Location: McLaren Flint -4 South Attn: Rochelle Wilson
401 S. Blallenger Hwy
Flint, MI 48532

Forms

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

Order Total Price: 324.50

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: 5 Hole Top
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 (313) 342-2985 / McLaren Pulmonary Rehab (313) 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)

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

IV. NURSING

Discharge Medication List Attached

Spec Info:

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_

3WAY COPY - HEALTH
YELLOW COPY - MEDICAL RECORDS
DISCHARGE BY TRANSFER
FORM 100-010



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02
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