

McLaren Print System Order

Order No: 57866
 Order Date: 2020-10-27
 User: Sateesha Poplar
 Phone: 810-342-2375

Ship Location: 4 South McLaren Flint
 Case Mangement Department 4 south
 Flint , MI 48532

Forms

Quantity: 100
 Paragon Dept No: 91570
 Dept Name: Case Management
 Company Number: 60

Order Total Price: 74.40

Item Number: 17598
 Item Description: Discharge by Transfer
 Revision Date: 10/2020
 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 SERVICES
 NURSING HOME DISCHARGE/TRANSFER REPORT

I. PATIENT INFORMATION (attach corrected face sheet)

Date of Transfer: ____/____/____ From (Unit/Room) _____
 Destination (Hospital, Extended Care Facility, Agency, etc.) _____
 Phone number: _____ RN Report called by: _____ Report given to: _____
 Diagnosis: _____

***McLaren To Follow (866) 325-5874**
***ATTENTION: Patient High Risk for readmission & complications** AMI CHF COPD
If appropriate, please refer patient to McLaren Cardiac Rehab (810) 342-2085/McLaren Pulmonary Rehab (810) 342-2085

II. CLINICAL INFORMATION

PCP: _____ Specialist: _____
 PICC Line: _____
 O2 Needed at: _____ BIPAP: _____
 Diet: _____
 Hemodialysis: Schedule: _____ Facility: _____
 Dry weight/Baseline (pounds): _____
 Discharge Medication List Attached
 Other Instructions/Follow-Up Appointments: _____

III. SOCIAL INFORMATION

Advanced Directives? (copy included) Yes No Code Status: _____
 Hospice Plan: Discussed with: MD Patient Family
 Social Determinant of Health Screening (SDOH) barriers identified Yes No Unable to screen
 Referral made to: _____
 Summary: _____

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

WHITE COPY - FACILITY
 YELLOW COPY - MEDICAL RECORDS
 DISCHARGE BY TRANSFER
 THE FOLLOWING

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Spec Info: