

McLaren Print System Order

Order No: 42080
Order Date: 2019-01-21
User: Rochelle Wilson
Phone: 810-342-2375

Ship Location: McLaren Flint -4 South Attn: Rochelle Wilson
401 S. Ballenger 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 (810) 342-2985 / McLaren Pulmonary Rehab (810) 342-2985

II. DISCHARGE PLANNER

PCP: _____ Specialist: _____
 PICC Line: _____
 O2 Needed at: _____ BIPAP: _____
 Diet: _____
 Hemodialysis: Schedule: _____ Facility: _____
 Dry weight/baseline pounds: _____
 Other Instructions/Follow-Up Appointments: _____

III. SOCIAL WORK (Complete & Sign) Care FR

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: _____

DATE COPY - HEALTH
YELLOW COPY - MEDICAL RECORDS
DISCHARGE BY TRANSFER
FORM 100-0114

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02
03

Spec Info: