

23c



McLaren Thumb Region

THUMB REGION

1100 S. Van Dyke
Bad Axe, MI 48413 • 989-269-9521

EMERGENCY PHYSICIAN RECORD
Transfer of Care / Progress Notes

TRANSFER OF CARE

Physician Signing Out: _____

Receiving Physician: _____

Sign-Out Time: _____ Room #: _____

brief history: _____

items pending that need to be checked and documented:
__ labs _____ __ CT / MRI results _____
__ x-ray results _____ __ ultrasound results _____
__ pain control _____ __ procedure _____
__ other _____
__ physician / consult arrival _____

tentative impression of patient:
1. _____
2. _____

expected disposition of patient:
admit / discharge / transfer pending results _____

physician signing out: _____
Signature

Reevaluation / Impression

Time: _____ unchanged improved re-examined

Progress / Procedure Notes

Consultations

Discussed with Dr. _____ Time: _____
will see patient in: ED / hospital / office

Discussed with Dr. _____ Time: _____
will see patient in: ED / hospital / office

Discussed with Dr. _____ Time: _____
will see patient in: ED / hospital / office

DISPOSITION OF PATIENT

admitted discharged transferred

RECEIVING PHYSICIAN - _____ Signature INT

NOTICE: This Side Intentionally Blank

EMERGENCY PHYSICIAN REPORT
Patient Name: _____
Room No: _____
Date: _____

TRANSFER OF CARE
Physician: _____
Nursing: _____
App-On: _____

History

PHYSICIAN'S OBSERVATION OF PATIENT

PROGRESS / PROCEDURE NOTE

EMERGENCY PHYSICIAN REPORT