

McLAREN FLINT  
FLINT, MICHIGAN

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) 323-5974

\*ATTENTION: Patient High Risk for readmission & complications and  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  
17598 Rev. 12/20



060B

PT.

MR.#/RM.

DR.