

DOCUMENTATION INCLUDED (if applicable):

- History-Physical
- Discharge Progress Notes
- Legal Documents
- Lab Work
- Discharge By Transfer Forms
- MR/MI Screening Forms
- Other
- Chest X-Ray
- Current Medications
- Therapy Evals
- Consults

Patient's Name: _____

Date of Transfer: _____

Time of Transfer: _____

Nursing Home: _____

Via: Ambulance _____

Family _____

Other _____