

Transfer from residential aged care to hospital envelope

Patient Label

Name: _____

NHI: _____ DOB: _____
dd/mm/yy

Address: _____

Resident GP: _____

Facility: _____

Contact person: _____

Phone number: _____

Fax number: _____

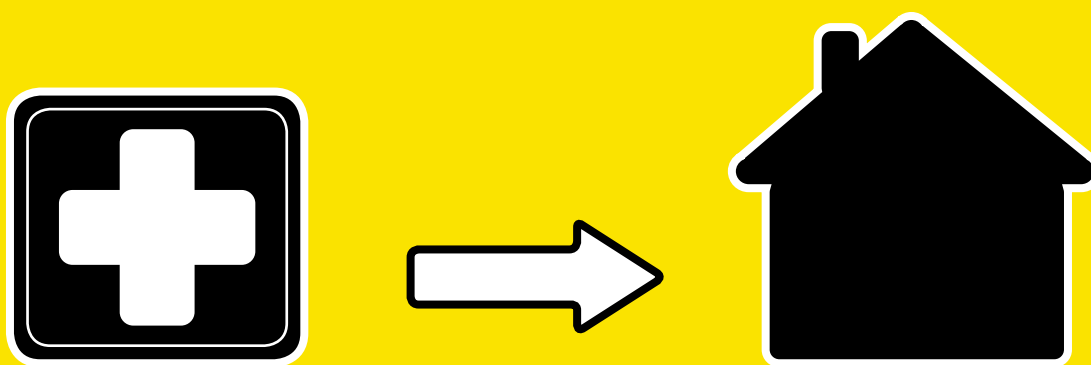
- Level of care:**
- Rest Home
 - Hospital
 - Dementia Unit
 - Psycho Geriatric

- Checklist:**
- Completed Emergency care referral form (R1046HWF) or transfer document
 - Copy of the resident's current medication chart
 - Time of last medication administered recorded
 - Copy of documentation of most recent GP/NP visit
 - Copy of resuscitation documents if available
 - Copy of Advance Care Planning (ACP) documentation if available
 - Copy of Enduring Power of Attorney documentation if available

Family/whānau informed Yes Unable to contact

Resident escort Alone HCA RN/EN Family





Transfer from hospital to residential aged care envelope

Patient Label

Name: _____

NHI: _____ DOB: _____
dd/mm/yy

Address: _____

Discharge nurse: _____

Dept/ward ext: _____

Transferring to: _____

Checklist:

Completed Nursing transfer letter (A1658HWF) or transfer document

Copy of discharge summary

Copy of current medication chart

Time of last medication administered recorded

Phone call to facility before transfer Time (24hr): _____

Any prescription(s), faxed to pharmacy/facility

Yes _____ No

(Name of pharmacy/facility)

Copy of resuscitation documents if available

Copy of Advance Care Planning (ACP) documentation if available

Copy of Enduring Power of Attorney documentation if available

Family/whānau informed Yes Unable to contact