

Transition of Care Patient Transfer of Medical Data Form

For the importance and safety of patients, the transfer of pertinent medical records is very important. Transition of Care has been a long standing issue between providers and may cause injury and even death to patients. The following is a checklist provided for your convenience to assist you in providing pertinent medical records to the next provider of your patient.

Please provide and attach a copy of the following information to the next provider to ensure the patient's safety.
Please Print Clearly.

Patient's Full Name: _____ Date of Transfer/Discharge: _____

Originating Hospital/Clinic: _____

Origination Physician: _____

Destination Hospital/Clinic: _____

Destination Physician: _____

Destination Arrival Date: _____

Title	Document Attached	Comments
Discharge Summary	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Current History and Physical (H&P)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Medication List (Medication Reconciliation)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Most Current Laboratory Results	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Diagnostic Testing or Surgical Procedures Reports	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Scheduled Appointments/Evaluations	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Name and Title of Representative forwarding this information: _____