

Checklist for Transfer-to-Hospital Clinical Handover

Tick boxes to indicate

- Hospital notified by telephone

Information included in envelope >

- Advance care plan / End-of-life wishes
- Transfer Form *(include as a minimum)*
 - Resident details: Name, DOB, religion, language spoken & need for interpreter
 - Contact details of Aged Care Home including telephone number (in- & after-hours) & address
 - Pension number
 - Health insurance status: (i.e. Medicare only / DVA / privately insured) & include details
 - Name of usual GP & contact details
 - Name of usual Pharmacist & contact details
 - Name of next-of-kin &/or Medical Enduring Power of Attorney or equivalent & contact details
 - Next-of-kin notified of transfer
 - Reason for transfer including events leading up to transfer
 - Relevant medical history
 - Any known allergies
 - Pre-morbid / usual condition & functioning: cognition, mobility, continence, behaviours, diet
- Letter from GP, locum or Aged Care Home detailing reason for transfer
- Copy of most recent Comprehensive Medical Assessment (CMA)
- Copy of results of recent investigations (blood tests / x-ray / other pathology)
- Copy of current drug chart / list of current medications & time of last administration
- Copy of current observation, blood sugar level & bowel charts (if applicable)