

COUNTY HOSPITAL

LONG TERM CARE TRANSFER FORM

Patient Name: _____ Date Admitted: _____

Discharged To: _____ Date Discharged: _____

Admit to: () Skilled Care; () Intermediate Care; () Personal Care

Most recent Chest X-Ray Date: _____ DNR: () Yes; () No

Allergies: _____ Advanced Directive: () Yes; () No

Vital Signs: Temp: _____; Pulse: _____; Resp: _____; B/P: _____; Weight: _____

Items with * require explanation in "notes" section of this document.

Activities

- () Assist with positioning
- () Sits & positions self
- () Special positioning required*
- () Bedrest

Activities of Daily Living

- () Requires help dressing
- () Requires help eating
Appetite: () Good; () Fair; () Poor
- () Requires help bathing
- () Requires help transferring
- () Independent in all areas

Ambulation

- () Able to walk
- () Requires 1 or 2 assistants
- () Uses wheelchair only
- () Uses walker
- () Uses cane or crutches
- () Independent in all areas

Bowel/Bladder

- () Incontinent of urine
- () Incontinent of stool
- () Foley
Date inserted/last changed: _____
Last BM: _____
Color/Character: _____

Other prosthetics

Speech

- () Clear
- () Slurred
- () Unable to understand
- () Does not speak
- () Communicates via method
other than speaking*
- () Foreign Language*
- () Dentures
- () Upper
- () Lower
- () Partial
- () With patient

Hearing

- () Good
- () Fair
- () Poor
- () Hearing Aids
- () (L) ear
- () (R) ear
- () Hearing Aids with patient

Vision

- () Good
- () Fair
- () Poor
- () Eye glasses
- () Contacts
- () With patient

Does patient have skin integrity problems at time of discharge? () *Yes () No

*If yes, () Redness only

() Open Area

Length _____ Width _____ Location _____

Drainage? () **Yes () No

**Amount: _____

**Color: _____

**Odor: _____

() Tissue Necrosis

() Tissue Granulation

Description of area to include color of surrounding tissue: _____

Decubitus Care/Date/Time: _____

Notes/Activity Precautions/Additional Information: _____

Nursing Report Called To: _____

Transferring Nurse's Signature

Date/Time

The following information from the patient's hospital medical record should be copied and sent with the patient:

Face Sheet

History and Physical

Discharge Summary

Medication Administration Record

IV Administration Record

Lab Reports

Chest X-ray Reports

Last 72 hours of Nursing Notes

Copies of DNR Order and/or Advanced Directives