SERVICE/TEAM: ________________________ Transfer ETA: ____________ Room # assigned: ____________

**Admitting Diagnosis**

**Chief Complaint:**

**Medical History:**

**ALL ACTIVE PROBLEMS:**

☐ NKA  ☐ Allergic to:

**SELECT ONE:**
- ☐ Transfer
- ☐ ED Admit
- ☐ Procedure

**VALIDATE:**
- ☐ ID band on
- ☐ Allergy band
- ☐ Isolation band

**Living Will / Advance Directive:**
- ☐ YES ☐ NO

**Valuables form completed:**
- ☐ YES ☐ NO

**Hospital Consent form signed:**
- ☐ YES ☐ NO

**Communication barrier:**
- ☐ YES ☐ NO

Specify:

**Dialysis Patient:** (If yes, inform Dialysis Unit)
- ☐ YES ☐ NA

**Sitter**
- ☐ (y/n)
- ☐ For: psych ☐ safety

**Interventions (diagnostic tests, procedures, etc.):**

---

**Medications Given** ☐ See MAR - Transfers Only

**IV/IVF (gauge, site, fluids, drips-PCA):**

---

**Current Lab Results:**
- Cultures done:
  - ☐ Sputum
  - ☐ Blood
  - ☐ Urine
  - ☐ Wound

- WBC:
- CK:
- MG:
- D-dimer:
- Hgb/HCT:
- Ck-MB:
- Ca:
- Ptt:
- Trop:

**Last BM on**

---

**Lab Results Pending:**

**Labs to be drawn:**

Cardiac Enzymes drawn at

**Vital Signs (first and last):**

<table>
<thead>
<tr>
<th>Time</th>
<th>BP</th>
<th>P</th>
<th>RR</th>
<th>Temp</th>
<th>GCS</th>
<th>Pulse Ox</th>
<th>Pain Scale</th>
<th>Total Intake</th>
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**Additional Information:**

**Functional level:**
- ☐ Independent
- ☐ Needs Assistance
- ☐ Totally dependent
- ☐ Check only if applicable:
- ☐ Can OT/PTR
- ☐ Incontinent

**Transfer/Admission Report**

**RN/LPN Providing Report:**

**RN/LPN Receiving Report:**

**Phone #:**

**Patient Label**