

N.W.O.C.C.  
Check list for transferring/admitting a patient

Date: \_\_\_\_\_

Patient name: \_\_\_\_\_

D.O.B \_\_\_\_\_

Diagnosis: \_\_\_\_\_

M.D. requesting transfer: \_\_\_\_\_

Transport from: \_\_\_\_\_

Transport to: \_\_\_\_\_ Date: \_\_\_\_\_

Means of transport: \_\_\_\_\_ Arranged by \_\_\_\_\_

Contact at transf. hosp: \_\_\_\_\_ Phone: \_\_\_\_\_

Plan of Care: \_\_\_\_\_

Meds/IVs: \_\_\_\_\_

Procedure: \_\_\_\_\_

Insurance: \_\_\_\_\_

MD Orders/Progress notes written: \_\_\_\_\_

Office info/MD orders to receiving floor: yes \_\_\_ no \_\_\_

Office info/MD orders to admitting dept: yes \_\_\_ no \_\_\_

Nurse to notify: MD/MLP at transferred hospital, if after hours  
Notify physician on call  
Contact pt list coordinator 3063

