

# ***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)