

File within 3rd spine

NHS number: _____

Name: _____

Address: _____

Date of birth: _____

CR number: _____

Affix patient label



Royal Cornwall Hospitals
NHS Trust

Inter-healthcare transfer of care form

This form should be read in conjunction with the Background Information
and Contact Assessment forms (BICA)

Patient location and Communications

Current location of patient:

Contact number:

Contact name, designation

Next-of-kin who has been informed of discharge / transfer:

Contact number:

Current day-to-day care needs

Physical/mental health and wellbeing (relevant past medical history inc mental health needs and view on Mental Capacity)

Medication (special requirements)

Mobility (getting out and about, falls, transfer, equipment)

Personal care (washing, dressing toileting)

Continence status / plan (history of loose stool, if catheterised include reason for catheter, date inserted, removal plan)

affix patient label

Safety and risk assessments

Infection status / plan

Is the patient currently in protective isolation?
(If yes, does it need to continue on transfer)

Yes No
Yes No

Is the patient currently in source isolation?
(If yes, does it need to continue on transfer)

Yes No
Yes No

Does the patient have a known or suspected infection?

Source	Organism	Date	Treatment plan
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Has the patient been exposed to others with diarrhoea and vomiting in the last 72 hours, or other infection?

Yes No

MRSA Screening Status?
(If positive, give treatment details)

Pos + Neg -

Comments: (eg IPAC Team aware of transfer? Why the patient needs continued isolation).

Record diarrhoeal illness stool chart details here:

Tissue viability status / plan (report any tissue damage, including site and grade; attach copy of care plan, identify equipment needs)

Waterlow Score:

Nutritional status / plan (special diet, supplements, swallowing problem)

MUST Risk: Low Medium High Weight:

Cash and Valuables with patient on transfer:

Transfer Form
completed by

Sign
Print
Designation