Transfer-to-Hospital Envelope with Template

This envelope co	ontains CONFIDE	INTIAL medical information which should remain with the PATIENT RECORD.
Resident / Patie	ent's Name:	
Name of Aged (Care Home:	
Contact teleph	one number:	In-hours:
		After-hours:
There is a rang	e of residentia	al settings with different levels of care available.
This Aged Care		
High Care	• 'Nursing Home'	- Registered Nurse / Registered Nurse Division 1 usually present.
Low Care	(i.e. high care).	have 'Ageing in Place'- residents may have complex medical &/or personal care needs . Usually staffed by Enrolled Nurse / Registered Nurse Division 2 &/or non-nursing care staff AIN. Generally medications are administered from a Dose Administration Aid.
Other		
	care plan /	End-of-life wishes enclosed > VES NO
* Advance	and the second strategies and	End-of-life wishes enclosed > YES NO
* Advance	and the second strategies and	
* Advance	and the second strategies and	
* Advance	and the second strategies and	
* Advance	and the second strategies and	
* Advance	Practice and Australian Commessor	

- □ 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
- D 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)



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Resid	ent / Patier	nt's Name:
lame	e of Aged Ca	re Home:
Conta	act telepho	ne number: In-hours:
		After-hours:
	-	of residential settings with different levels of care available.
his /	Aged Care H	'Nursing Home' - Registered Nurse / Registered Nurse Division 1 usually present.
	-	Hostel, but may have 'Ageing in Place'- residents may have complex medical &/or personal care needs (i.e. high care). Usually staffed by Enrolled Nurse / Registered Nurse Division 2 &/or non-nursing care staff e.g. PCA/PCW/AIN. Generally medications are administered from a Dose Administration Aid.
	Other	
		Care plan / End-of-life wishes enclosed > YES NO Seneral Practice and Australian Commission on Safety and Quality in Health Care June 2009 Version 2 - 06/09



