

- Ambulance Transfer Form
- Inter-Facility Transfer Form
- Face Sheet/Demographics (2) include SSN - Payor Source
- Insurance Information: \_\_\_\_\_ Authorization Number: \_\_\_\_\_
- DNR STATUS             POLST FORM

### CLINICAL DOCUMENTATIONS:

- ER Report                     History & Physical
- Consultation Reports     Procedure Reports    N/A
- Nursing Notes and Progress Notes    Flu Shot    Pneumococcal shot    Immunizations
- Current Medications (MAR/PRN)
- Oxygen    N/A
- Wound Measurement & Treatment Plan             N/A
- Nutrition Assessment/Notes
- Current Labs    N/A    Microbiology Results    N/A    Isolation Precautions    N/A
  
- Radiology Reports             N/A
- Discharge Summary    D/C Orders    Triplicate for Narcotics    N/A    Extended Care Orders
- PPD or Chest X-Ray

### DIALYSIS / RADIATION TREATMENT:

- Dialysis Center    Treatment Schedule             Transportation    Contact Person    N/A

### REHAB SERVICES:

- PT EVAL/ NOTES             OT EVAL / NOTES     ST EVAL/ NOTES    RT Services    N/A
- Including Ortho Follow-up appointments    N/A

### CASE MANAGEMENT/SOCIAL SERVICES:

- CM/SS Assessment/Notes
- SW Notes RE: Patient's Behavior and Psychotropic Use    N/A
- EBI Referral / Community Discharge Plan             N/A
- Copy of Medi-Cal Application Started    Eligibility worker name \_\_\_\_\_    N/A
- Follow up appointment information \_\_\_\_\_    N/A

### ANCILLARY SERVICES:

- Chaplain Assessment/Notes             N/A
- Special Equipment (i.e. bariatric bed, mattress, TLSO, etc.): \_\_\_\_\_    N/A

HT: \_\_\_\_\_ WT: \_\_\_\_\_

RN/SW Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_