

Alliance For Better Long Term Care - Office of the Rhode Island Long Term Care Ombudsman

EMERGENCY RESIDENT TRANSFER FORM

Resident's Name: _____ Room#: _____

Resident notified of Transfer **Y N** Date: _____ Notified by: _____

Family Contact/Legal Representative: _____ Phone: _____

Notified of Transfer **Y N** Date: _____ Notified by: _____

Transfer Date: _____ Time: _____ Transferred From: _____

Transferred To: _____ Transported By: _____

PAPERWORK COMPLETED & RECORDS BEING SENT WITH RESIDENT

Face Sheet _____ Narcotics Sheet _____ Interagency-Long Form _____ Current Medication & Treatment Sheet _____ Recent Labs, Consults & X-Rays _____ Last 30 Days of MD Orders _____ Recent Skin Assessment _____ Upcoming Dr. Appointments _____ Immunization Record _____ Last 30 Day of Nursing Notes _____ Medical/Insurance Cards _____

Social Work Notes (Last Qtr) _____ Social History _____ Recent Psych Notes & Consults _____ Recent Activity Notes _____ Recent Care Plan _____ PASSR/ID Screen _____ Advanced Directives _____ Care plan _____ Legal Documents _____ Funeral Arrangement Information _____ Picture ID _____ PNA Funds _____ Amount \$ _____ • Other _____ _____ _____
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PERSONAL ITEMS BEING SENT WITH RESIDENT – ALL LABELED

Clothing & Shoes (<i>Including cleaned & soiled</i>) _____ Coats/Hats/Gloves/Scarves _____ Dentures _____ Hearing Aides _____ Eye Glasses _____ Contact Lenses _____ Wheelchair _____ Walker _____ Cane _____ Geri/Cardiac Chair _____ Prosthesis/Splint/Brace _____ Wig _____ Electric Shaver _____ Toiletries/Cosmetics _____ Jewelry _____ Wallet/Pocketbook _____ • Other Personal _____ Devices/Equipment _____ _____ _____

Telephone _____ Cell Phone _____ Answering Machine _____ Television _____ (<i>Including all wires & equipment, i.e. DVD Player</i>) _____ _____ _____ Computer _____ Laptop or Desktop? _____ (<i>Including all wires & equipment, i.e. printer</i>) _____ _____ Radio/CD player _____ • Other _____ electronics _____ _____ _____

Furniture _____ _____ _____ Lamp _____ Wall Clock _____ Alarm Clock _____ Pillows _____ Blankets _____ Pictures/Art work _____ Religious/Spiritual Items _____ • Other Personal _____ Belongings _____ _____ _____ _____ _____

CANCELLATION/TRANSFER OF SERVICES

Cable _____ Newspaper _____ Notification of Address Change _____ Notification to SS Administration _____
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Ombudsman/Staff responsible for check-out prior to transfer: _____

Follow-up call to new facility by: _____ Date: _____