

McLaren Print System Order

Order No: 56153  
Order Date: 2020-08-18  
User: Sateesha Poplar  
Phone: 810-342-2375

Ship Location: 4 South McLaren Flint  
Case Mangement Department 4 south  
Flint , MI 48532

Forms

Quantity: 100  
Paragon Dept No: 91570  
Dept Name: Case Management  
Company Number: 60

Order Total Price: 74.40

Item Number: 17598  
Item Description: Discharge by Transfer  
Revision Date: 6/2018  
Print: 1 sided full color  
Paper: 2 Part (White, Yellow)  
Size: 8.5 x 11  
Fold:  
Finish: None  
Drill: None  
Misc Info: ss; red and black

MCLAREN FLINT  
FLINT, MICHIGAN  
DISCHARGE BY TRANSFER

I. PATIENT INFORMATION (attach corrected face sheet)

Date of Transfer: \_\_\_/\_\_\_/\_\_\_ From (Unit/Room): \_\_\_\_\_  
Destination (Hospital, Extended Care Facility, Agency, etc.): \_\_\_\_\_  
Nurse to Nurse Report Call: \_\_\_\_\_  
Diagnosis: \_\_\_\_\_

\*McLaren To Follow (RM) 323-8974  
\*ATTENTION: Patient High Risk for readmission & complications  AMI  CHF  COPD  
If appropriate, please refer patient to: McLaren Cardiac Rehab (810) 342-2985 / McLaren Pulmonary Rehab (810) 342-2985

II. DISCHARGE PLANNER

PCP: \_\_\_\_\_ Specialist: \_\_\_\_\_  
PICC Line: \_\_\_\_\_  
Ox Needed at: \_\_\_\_\_  BIPAP: \_\_\_\_\_  
Diet: \_\_\_\_\_  
Hemodialysis: Schedule: \_\_\_\_\_ Facility: \_\_\_\_\_  
Dry weight/baseline pounds: \_\_\_\_\_  
Other Instructions/Follow-Up Appointments: \_\_\_\_\_

III. SOCIAL WORK (Complete & Sign)  Caregiver

Advanced Directives? (copy included)  Yes  No Code Status: \_\_\_\_\_  
Hospice Plan: Discussed with:  MD  Patient  Family  
Referral made to: \_\_\_\_\_  
Summary: \_\_\_\_\_

IV. NURSING  Discharge Medication List Attached

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_

DATE COPY - HEALTH  
YELLOW COPY - MEDICAL RECORDS  
DISCHARGE BY TRANSFER  
FORM 100-0014

0000

01  
02  
03

Spec Info: