

McLaren Print System Order

Order No: 56967
Order Date: 2020-09-21
User: Sateesha Poplar
Phone: 810-342-2375

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

Forms

Quantity: 500
Paragon Dept No: 91570
Dept Name: Case Management
Company Number: 60

Order Total Price: 322.00

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 (313) 342-2985 / McLaren Pulmonary Rehab (313) 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)

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

IV. NURSING

Discharge Medication List Attached

Spec Info:

Signature: ___ Date: ___/___/___ Time: ___

WALK COPY - HEALTH
WALK COPY - MEDICAL RECORDS
DISCHARGE BY TRANSFER
FORM 100-010



01
02
03