

McLaren Print System Order

Order No: 59106  
Order Date: 2020-12-23  
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: 12/2020  
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  
DISCHARGE TRANSFER REPORT

**I. PATIENT INFORMATION** (attach corrected face sheet)

Date of Transfer: \_\_\_\_/\_\_\_\_/\_\_\_\_ From (Unit/Room) \_\_\_\_\_  
 Destination (Hospital, Extended Care Facility, Agency, etc.) \_\_\_\_\_  
 Phone number: \_\_\_\_\_ RN Report called by: \_\_\_\_\_ Report given to: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_

**\*McLaren To Follow (866) 325-5874**  
**\*ATTENTION: Patient High Risk for readmission & complications and  AMI  CHF  COPD**  
 If appropriate, please refer patient to McLaren Cardiac Rehab (810) 342-2085/McLaren Pulmonary Rehab (810) 342-2085

**II. CLINICAL INFORMATION**

PCP: \_\_\_\_\_ Specialist: \_\_\_\_\_  
 PICC Line: \_\_\_\_\_  
 O2 Needed at: \_\_\_\_\_  BIPAP: \_\_\_\_\_  
 Diet: \_\_\_\_\_  
 Hemodialysis: Schedule: \_\_\_\_\_ Facility: \_\_\_\_\_  
 Dry weight/Baseline (pounds): \_\_\_\_\_  
 Discharge Medication List Attached  
 Other Instructions/Follow-Up Appointments: \_\_\_\_\_

**III. SOCIAL INFORMATION**

Advanced Directives? (copy included)  Yes  No Code Status: \_\_\_\_\_  
 Hospice Plan: Discussed with:  MD  Patient  Family  
 Social Determinant of Health Screening (SDOH) barriers identified  Yes  No  Unable to screen  
 Referral made to: \_\_\_\_\_  
 Summary: \_\_\_\_\_

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

8025 COPY - HEALTH  
 YELLOW COPY - MEDICAL RECORDS  
 DISCHARGE BY TRANSFER  
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Spec Info: