

McLaren Print System Order

Order No: 60972
Order Date: 2021-03-12
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: 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 ... RW 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:
4876 COPY - HEALTH
4876 COPY - MEDICAL RECORDS
DISCHARGE BY TRANSFER
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Spec Info: