

Inter-hospital Transfer Document

Patient Demographics Sticker:

ED Doctor Name and Grade:

Time:

Referral to: Urology Gynaecology Vascular Gastroenterology ENT
 Ophthalmology Plastics Max Fax Other _____

Receiving Hospital: RAH QEUH GRI Gartnavel Other _____

Accepting Specialty Name and Grade:

Destination Ward:

Reason for Transfer & Suspected Diagnosis:

Brief Past Medical History:

ED Assessment and Treatment:

Analgesia Antibiotics IVF
 Blood Products

Action required:

Last NEWS and Time:

(Receiving doctor should be made aware of NEWS2)

Any other relevant information: