



Transition Care Program Hazeldean 211 Osborne St Williamstown VIC 3016 Tel. 9397 3167 Fax. 9397 3169

Transition Care Program – Hazeldean Transfer Checklist

Bradma Label

Ambulance booked Date: / / Time:

Please place the following in the envelope provided and send with patient.

Medical History and Dispensed Medications must also go with patient:

- Completed Medication Chart (form MR/167NR provided) and scripts
- Completed transfer forms including Nursing and Allied Health summaries eg Social Work, Physio, OT, Speech Pathology (as appropriate)
- Completed Medical Discharge Summary
- Details of follow up appointments(if applicable)

Transfer Nurse (Print):		Signature	Date:	
Ward	Contact Tel:			