

Orders Processed Date (dd/mm/yyyy)	Allergies: Please Refer to the Patient Allergy Profile  Physician Transfer of Care (TOC)  To be completed whenever the continuing responsibility of a patient's care is to be transferred to another member, service, or department of the Medical Staff, or another Unit, Site, or Hospital System			MK	0
Time (hhmm)	Physician Transfer of C	are			
	Please consult and transfer accountability to Dr.				
	on the Date of: (dd/mm/yyyy) Time (hhmm)				
Ву		ian is not known at this time (e.g. Discharge to Long Term Care ho OC with the receiving physician and responsibility of care was	me)		
Status	I have discussed TO	C with patient/SDM			
E NEWS COLD	Transfer to occur, only AFTER receiving MRP has accepted				
	The Transfer of Care Documentation below does not constitute an order				
Processing Reviewed by	CITUATION	DNR Full Code Other:			
reviewed by					
	New/Current Clinical				
Status	Diagnosis(es)				
	(please list each issue separately)				
	separatery)				
Faxed by					
	BACKGROUND				
	Patient profile				
	Patient profile     Pertinent medical				
	history				
		-			
		<u></u>			
				38	
					_
	rder Ordering Practitioner, Designat	ion Signature Date (yyy	y/mm/dd)	Time (hhm	m)
Read Back	Ordoring Physician Designation	Cignothing Date Local	. (mana / -  -  -	Time /hh	- -
	Ordering Physician, Designatio	n Signature Date (yyyy	//mm/aa)	Time (hhm	iII)

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Height	cm Weight	kg
Allergies: Please	Refer to the Patient All	lergy Profile

Processed Date		Physician Transfer of Care (TOC)	M	K	0
(dd/mm/yyyy)	Physician Transfer of Care Continued				
	ASSESSMENT				
Time (hhmm)	Pertinent Issues     and findings				
Ву	(e.g. what to look at)     Outstanding     clinical				
 Status	investigations and consultations (e.g., what to look for)				
Processing Reviewed by	RECOMMENDATION				
Status	<ul><li>Management and follow-up plan</li><li>Communication</li></ul>				
Faxed by	plan to patient/family.				
	Additional Notes				
	der Ordering Practitioner, Des	gnation Signature Date (yyyy/mm/dd)	Tim	ne (hhr	mm
Read Back	Ordering Physician Desig	Signature Date (www/mm/dd)	- <u>-</u>	o (bbr	<u>_</u>