

Height _____ cm Weight _____ kg

Allergies: Please Refer to the Patient Allergy Profile

Orders Processed Date (dd/mm/yyyy)	<h2 style="margin: 0;">Physician Transfer of Care (TOC)</h2> <p style="margin: 0;">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</p>	M	K	O				
Time (hhmm)	<h3 style="margin: 0;">Physician Transfer of Care</h3> <p><input type="checkbox"/> Please consult and transfer accountability to Dr. _____ on the Date of: _____ (dd/mm/yyyy) Time _____ (hhmm)</p> <p><input type="checkbox"/> The receiving physician is not known at this time (e.g. Discharge to Long Term Care home)</p> <p><input type="checkbox"/> I have done verbal TOC with the receiving physician and responsibility of care was accepted</p> <p><input type="checkbox"/> I have discussed TOC with patient/SDM</p> <p style="background-color: #fff9c4; padding: 2px;">i Transfer to occur, only AFTER receiving MRP has accepted</p> <p>The Transfer of Care Documentation below does not constitute an order</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; vertical-align: top;"> SITUATION <ul style="list-style-type: none"> New/Current Clinical Diagnosis(es) (please list each issue separately) </td> <td style="padding: 5px;"> <input type="checkbox"/> DNR <input type="checkbox"/> Full Code <input type="checkbox"/> Other: _____ </td> </tr> <tr> <td style="vertical-align: top;"> BACKGROUND <ul style="list-style-type: none"> Patient profile Pertinent medical history </td> <td></td> </tr> </table>	SITUATION <ul style="list-style-type: none"> New/Current Clinical Diagnosis(es) (please list each issue separately) 	<input type="checkbox"/> DNR <input type="checkbox"/> Full Code <input type="checkbox"/> Other: _____	BACKGROUND <ul style="list-style-type: none"> Patient profile Pertinent medical history 				
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By								
Status								
Processing Reviewed by								
Status								
Faxed by								

Rev. 07/2019/V3 ORD245

<input type="checkbox"/> Telephone Order	Ordering Practitioner, Designation	Signature	Date (yyyy/mm/dd)	Time (hhmm)
<input type="checkbox"/> Read Back	Ordering Physician, Designation	Signature	Date (yyyy/mm/dd)	Time (hhmm)



Chart Copy – Do Not Destroy

