



PHYSICIAN TRANSFER OF CARE

This form is to be used whenever the continuing responsibility of a patient's care is to be transferred to another member of the Medical Staff or to another service or department of the Medical Staff.

A written notation shall be made on the patient's record via the use of this "Physician Transfer of Care Form" which becomes a permanent part of the patient's record. The use of this form is also required for all new admissions through the Emergency and Urgent Care Departments.

Signing by the new MRP (Most Responsible Physician) must be done within 24 hours of accepting care. The patient must be made aware of the transfer of responsibility by the transferring physician or his/her designate.

Please Note: Transfer amongst members within a Department/Service may be done by mutual understanding based on local departmental rules.

PROCEDURE

The Attending Physician must contact the New Accepting Physician. The contact must be person to person/telephone and not via voicemail or messages.

A notation shall be signed by both the Attending Physician whose responsibility is about to end and by the New Attending Physician who is accepting the patient in transfer.

The care of this patient is transferred to:

Dr. _____ Service/Department: _____

Date and Time call made: _____ (dd/mm/yyyy hhmm)

From Dr. _____

(Print Name and Signature) _____

Service/Department _____

I accepted/confirm responsibility for the care of this patient effective

Date and Time: _____ (dd/mm/yyyy hhmm)

Signature of New Physician _____

(Print Name) _____