

**TOOLS**

**Audit of Transfer Summary**

[**www.primaryhealthtas.com.au**](http://www.primaryhealthtas.com.au/)

**Shared Transfer of Care**

**AUDIT DATE**

**AUDIT IDENTIFIER**

**REFERRING ORGANISATION**

**DATE OF TRANSFER**

**DATE PERSON PRESENTED TO CURRENT PROVIDER**

**DATE TRANSFER SUMMARY RECEIVED BY CURRENT PROVIDER**

**DELAY IN RECEIVING TRANSFER SUMMARY**

**Does the transfer summary template includes the following items?**

**CONTACT INFORMATION**

**Yes**

**No**

**Comments**

Preferred Name

Gender

Date of Birth

Contact Phone Number

Address

Contact details for family, carer or significant other

Name/s and role/s of other services involved in person’s care

**MEDICAL INFORMATION – TRANSFER SUMMARY**

**Yes**

**No**

**Comments**

Primary diagnosis

Other significant health issues

Medical officer contact (if applicable)

if further information required

Other health provider contact (if applicable) Specialty (ie nursing, allied health)

**Management**

**Plan**

Clearly documented plan

Goals of Care

**Relevant Test**

**Results**

Test Results

Pending test results and/or those requiring follow-up

Accurate medication list provided?

Other assessments (e.g. OT, ACAT) included with transfer plan

**PERSONAL/PSYCHOSOCIAL/CULTURAL**

**Yes**

**No**

**Comments**

Cognitive status (e.g. dementia)

Person’s preferences, priorities, goals and cultural values

Advance care directive/Power of attorney

Living arrangements (e.g. lives alone)

Responsibilities to care for others? (including pets)