

Audit of Transfer Summary

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)				