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**TOOLS**

**Shared Information Record** (Page 1 of 2)

**COMMUNICATED**

**TRANSFER PLAN**

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

**Shared Transfer of Care**

**NAME**

**DOB**

**DOCTOR**

**UR**

**HEALTH PROFESSIONAL/ ORGANISATION**

**(add contact name and details)**

**DETAILS OF HOW TRANSFER OF CARE PLAN WAS**

**DATE AND TIME**

**COMMUNICATION METHOD (I.E. EMAIL AND FOLLOW-UP CALL)**

**SERVICE CONFIRMED AND ADDED TO**

Coordinator of Care (Transfer planner) CONTACT NAME

My Aged Care Gateway

CONTACT NAME

Community Case Manager

CONTACT NAME

Community Nurse (inc. area/service) CONTACT NAME

Post-acute Package

CONTACT NAME

Pharmacist

CONTACT NAME

Other Services

CONTACT NAME

Other Services

CONTACT NAME

Other Services

CONTACT NAME

I understand the plan given to me and have had the opportunity to have my questions answered and clarified.

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**TOOLS**

**Shared Information Record** (Page 2 of 2)

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**Shared Transfer of Care**

**SIGNATURE OF COORDINATOR OF CARE**

I have given a copy of the plan to the person being transferred, and to the relevant services as documented on this form.

**SIGNATURE OF PERSON BEING TRANSFERRED**

**GENERAL PRACTITIONER**

GP Name

Practice

Address

Phone

Fax

GP Notified of transfer plan?

¨ Yes

¨ No

Date Notified

Method of notification

¨ Fax ¨ Scan/Email ¨ Post ¨ Telephone

Follow-up appointment made and included in plan?

¨ Yes

¨ No

**ADDITIONAL INFORMATION PROVIDED TO PERSON BEING TRANSFERRED**

Information brochures given and explained?

¨ Yes

¨ No

Provided with transfer plan?

¨ Yes

¨ No