



Transfer Plan Checklist - Consumer (Page 1 of 2)

Welcome to <organisation/facility>

During your stay, the staff will work with you to create a **transfer (discharge) plan** to make sure you feel safe and supported when you are ready to leave <organisation>.

We would like you and your family/carers to be partners in the transfer planning team, and be part of making decisions about your care after you leave.

This checklist will help you to be part of the planning and assist you to ask the right questions.

| YOUR NAME | |
|----------------------|--|
| REASON FOR ADMISSION | |
| | |
| | |

Instructions

- > Refer to this checklist early and often throughout your stay
- > Talk to any of the staff caring for your (for example your doctor, community nurse or the social worker) about any concerns or questions that you may have
- > Use the notes column to write down any questions or comments you may have
- > Skip any items that don't apply to you.

| SAFE AND SUPPORTED | Yes | No | Notes |
|---|-----|----|-------|
| Do you have support at home? | | | |
| If a family member or carer is looking after you once you get home, write down their names and contact details. If you want them to be involved in the planning of your transfer (discharge), please inform the staff looking after you. | | | |
| If you usually get help from a community provider, have you told the staff? | | | |
| i.e community nursing, home help, care package – if yes, please inform our staff. | | | |
| If you are aware, write down the name(s) and contact number(s) of the community providers that you get help from. | | | |
| Do you think you will need more support after you leave? | | | |
| HEARD | | | |
| Do you have any concerns about leaving hospital? | | | |
| Have you discussed with the staff your health condition and what you can do to help improve your health? | | | |

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Transfer Plan Checklist – Consumer (Page 2 of 2)

| AGREED PLAN | Yes | No | Notes | | |
|---|-----|----|-------|--|--|
| (answer this section when you are getting close to leaving or transferring out of <organisation>)</organisation> | | | | | |
| Has there been a plan arranged so that your care continues once you leave here? | | | | | |
| Do you have any questions about your care after you leave here? | | | | | |
| Do you know if you will need any special equipment? | | | | | |
| If unsure, ask the staff. | | | | | |
| Has the equipment been arranged? | | | | | |
| RELATIONSHIPS | | | | | |
| Do you have a regular doctor and/or pharmacist? If yes, write down their names. | | | | | |
| Who else needs to be contacted when you are transferred/discharged? | | | | | |
| Are there any other health professionals you would like to tell us about? For example, physiotherapists, ophthalmologist etc. | | | | | |
| EASY INFORMATION | | | | | |
| Have you been given information that is easy to understand? | | | | | |
| Have you asked the staff if something isn't clear? | | | | | |
| Do you know what medications you are on? | | | | | |
| Have any of your medications been changed during your stay? | | | | | |
| If yes, have the reasons been clearly explained to you? | | | | | |
| Have you been given an updated medication list for you to take home with you? | | | | | |
| Have you been given the prescriptions? | | | | | |
| DESTINATION | | | | | |
| Do you know where you are transferring to and when? | | | | | |
| Do you have transport to get there? | | | | | |
| Have follow-up appointments been made for you? If yes, ask the staff to write them out for you on the transfer plan | | | | | |
| Have you been given a copy of the transfer plan? | | | | | |
| Have you been given a contact number to call if a problem occurs at home? | | | | | |
| Have you been told what to expect when you go home? | | | | | |
| Are there any other questions you would like answered? | | | | | |

Thank you. We value your input and want to ensure you feel ready and safe when you leave. We hope this has been useful for you and will support you throughout your stay at <organisation/facility>.

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