

PATIENT TRANSFER AND DISCHARGE CHECKLIST

Name of Patient:	Date of Birth:
Patient Address:	Patient Telephone:
NHS Number/Unique Identifier:	Date of Admission to Priory:
Patient Transferred/Discharged to:	Date of Transfer/Discharge:

Receiving Team (NHS/Independent Provider/Priory Hospital) given:	Given:			Comments
Last 7 days of CareNotes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
Current CPA report (where applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
Current risk assessment (updated at discharge)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
Current relevant care plans	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
Mental Health Act documentation (where applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
Copy of current prescription chart	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	

Summary to receiving service of the following, if applicable: (may not be a receiving service)	
Admission:	
Last ward round:	
Incidents (within past fortnight and any serious incidents during admission):	
Observation level at time of transfer/discharge:	
Current risk (to self and others):	
Current safeguarding concerns:	

Patient/others provided with:	Given:	Comments
Priory Crisis Card	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	
Prescribed medication	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	
Patient property with checklist	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	
Information to nearest relative/other (discharge arrangements/risk issues)	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	
Information to patient and other (as applicable) about any required post-discharge 48-hour follow-up telephone call	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	
Risk assessment updated at discharge	Yes <input type="checkbox"/>	

Follow-up arrangements i.e. date of planned NHS Team contact (CMHT/Home Treatment Team) and/or Priory outpatient and/or Priory Day Care appointment:

Name and designation of Priory colleague handing over patient and documentation:

Name:

Designation:

Signature:

Date:

Where applicable: name and designation of staff member accepting the patient's care with confirmation that documentation has been provided (as above) and verbal handover given:

Name:

Designation:

Signature:

Date: