

## **Pre-Transfer Call Checklist**

This checklist is simply intended to be a resource to help the referring provider collect the information that may be needed during the transfer call to Billings Clinic. This information will help the referring and accepting providers assess the best course of treatment for the patient.

## **Information Desired**

Patient Name and Date of Birth  Description of pertinent medical history  Any Known Allergies  Home medication list if available  CPR Status  Background	Clinical Patient Information	Use sheet to record values if helpful
Any Known Allergies  Home medication list if available  CPR Status  Background  Admitting diagnosis/# of days at current facility List of procedures performed or pertinet treatments administered  Medications given  Current State Vital signs - Blood Pressure Vital signs - Pulse Vital signs - Respirations Vital signs - Oz Sat Vital signs - Temperature  Current medications/Drips  Glasgow coma score  Description of current treatment  Description of any abnormal lab results  ABG  Radiology Results-Are they available via		•
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