Vanderbilt University Hospital-Physician Handover Sheet

Date: __/__/____
Transferring Facility: ____________________________________________
Transferring MD: ________________________________________________
Transferring MD Phone #1: ___________________________ Phone #2: __________

Primary Transfer Diagnosis: _________________________________________

Allergies (Please circle): NKDA Latex Other __________________________
Anticoagulants (Circle/dose): None Warfarin_______ Heparin gtt_______ Heparin sq_______ LMWH_______ Heparinoids_______
High-Risk Medications (Please list): Pressors ____________________________
Anti-infective agents (Type, last dose): ________________________________

Isolation (Please circle): None Contact Airborne Neutropenic Other ________
Indwelling Devices (Date placed): None Peripheral IVs__________ Central Lines__________ Dialysis Line__________ Arterial Line________
Foley Catheter________ Endotracheal tube________ Chest tube________ Drains________ Other________
Operations/Invasive Procedures (Type, date): ____________________________
Code Status (Please circle): Full Code Do Not Resuscitate Do Not Intubate Other limitations ____________________________
Emergency Family Contact: Name/relation: _____________________________ Phone Number: (_____) _______

Active Problem List: ________________________________________________
Active Medications (including gtts): __________________________________

Date/Time: ____________________________
Vitals: Temp________ HR________ BP________ RR________ O2 Sats________ RA/____ L Vent Settings________
Pertinent Exam Findings: _____________________________________________
Pertinent Imaging Results (please send films/CD): __________________________
Pertinent Lab Results (please send pathology slides): ______________________

Reason for Transfer: _________________________________________________
Transfer Back When Stabilized (Please circle): Y N ________________________

Signature of Physician ____________________________
Printed Name ____________________________
Date/Time ____________________________