

Nursing Home Transfer Letter

- Discharge summary Drug chart Medication Dressings
 Pads Equipment Care plans (e.g. TVN) Patient property

Patient Name:	Preferred name:
DOB:	Age:
Next of kin:	Next of Kin contact details:

RISK ALERTS

- Falls Safeguarding Wandering Swallow precautions

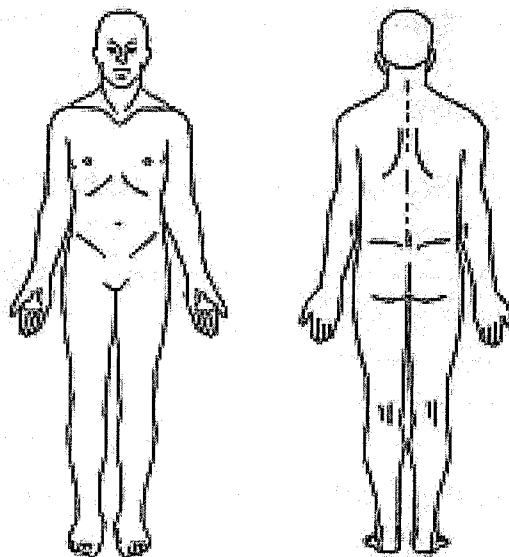
Skin

WATERLOW score __

Skin assessment (please detail any pressure ulcers, wounds, dry skin etc)

Care plan (eg turning chart, equipment etc)

TVN plan attached?



Mark the site(s) of the wound(s) or lesion(s)

Communication

Speech: Easily understood Slightly Unclear Aphasia Unable

Hearing: No problems Hard of hearing Hearing aid (L R) Unable

Nutrition

MUST score __