**REVISED APRIL 12**

**Documentation for *Receiving* Facility for**

**Patient’s Health Record**

**Checklist**

Name of Transfer Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transfer Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Receiving Facility Notes**

O The patient/SDM has been provided with contact information for our team

O Arrangements have been made to support communication with the Patient/SDM/Care Partner as appropriate (insert prompts):

O Interpretation for language needs

O Assistive devices or accessibility requirements received

O Cultural safety considerations met

**Other Notes:**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_