

NURSING TRANSFER FORM BETWEEN HOSPITALS

This form is to accompany all patients attending Out Patient/Casualty Departments for the first time and when transferred for admission. It is to be retained in all cases until the patient is discharged.

CANE HILL Hospital, Coulsdon, Surrey, CR3 3YL TEL. NO. DOWNLAND 52221

WARD: Browning

EX. 67

CONSULTANT: DR. SMEDBERG

REFERRING DOCTOR:

NAMES OF PATIENT (IN FULL)

DAVID BEALES

STATUS: INFORMAL

SEX: MALE

HOME ADDRESS: 44 Bockenham Lane,
Shortlands, Bromley Kent.

AGE: 26

DATE OF BIRTH: 1. 04. 19.

G.P. DR. Gr. Kim - 18 BLYTH ROAD,
BREMLEY, BR 1 3RX

RELIGION: C/E

NEXT OF KIN

NEXT OF KIN NOTIFIED - YES/NO

ADDRESS: David Beales
52 Sandun Hill
Orpington, Kent

TEL. NO. 01 663 1641

PREVIOUS TREATMENTS IN
OTHER HOSPITALS - DATES
IF KNOWN

REASONS FOR TREATMENT
IN PARENT HOSPITAL,
DIAGNOSIS IF KNOWN

CURRENT MEDICATION
(PLEASE GIVE BOTH TRADE
AND APPROVED NAMES).