

## Transfer of Care Checklist

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_

Secondary Diagnosis: \_\_\_\_\_

Transfer Package:

- Transfer letter
- Final TIP assessment
- Medical Summary
- Plan of Care
- SCD emergency care plan
- Legal documents (if applicable)
- Provider records (sent through EPIC)

Sent Transfer Package to adult provider: \_\_\_\_\_

Date

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