

## Inter HealthCare Transfer Form

LCC IPC Guidance Next Review October 2024 infectionprevention@lancashire.gov.uk

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## Inter Health Care Transfer Form

## Notification for a resident carrying or infected with an infectious organism

Service user details: (insert label if available)	Consultant name:	
Name: Address:	Consultant Contact no:	
Address.	Consultant Contact no:	
	GP name:	
Date of birth:	GP contact no: GP telephone No.	
NHS number:		
Transferring facility:	Receiving facility:	
Facility name	Facility name	
Details (e.g., care setting, community hospital, hospice, district nurse, GP)	Details (e.g., care setting, community hospital, hospice, district nurse, GP)	
Contact name:	Contact name:	
Contact no:	Contact no:	
Diagnosis:	Infection: Yes / No	
Diagnosis/confirmed organism details	Colonisation: Yes / No	
Infection prevention and control precautions required/in place:		

Is the service user aware of their colonisation / infection status	s? Yes□ / No□
If no, please give reason:	
Has the service user received information about their condition? (Patient leaflet) Yes $\Box$ / No $\Box$	
Has ambulance service been informed?	Yes / No
This should be done when booking the transfer.	
If no, please give reason.	
Name of staff member completing form:	
Name:	Contact number:
Date completed:	