

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 | |
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| Infection prevention and control precautions required/in place: | | |
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| Is the service user aware of their colonisation / infection status | s? Yes□ / No□ |
|---|-----------------|
| If no, please give reason: | |
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| 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. | |
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| Name of staff member completing form: | |
| Name: | Contact number: |
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| Date completed: | |
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