

# Inter- health and social care infection control transfer form

<p><b>Patient Name:</b> .....</p> <p><b>Address:</b> .....</p> <p><b>NHS number:</b> .....</p> <p><b>Date of birth:</b> .....</p> <p><b>Patients' current location</b> .....</p>	<p><b>GP Name and contact details:</b></p>
<p>Receiving facility e.g., Hospital, ward, hospice: .....</p> <p>If transferred by ambulance, has the service been notified: <b>YES/N/A</b></p>	
<p>Is the patient an infection risk:</p> <p><input type="checkbox"/> Confirmed risk                      Organisms: .....</p> <p><input type="checkbox"/> Suspected risk                      Organisms: .....</p> <p><input type="checkbox"/> No known risk</p> <p>Patient exposed to others with infection e.g., norovirus, influenza, scabies: <b>YES/NO</b></p> <p>If yes, please state: .....</p>	
<p>Is the patient aware of their diagnosis/ risk to infection? <b>YES/NO</b></p> <p>Does the patient require isolation? <b>YES/NO</b></p> <p>If the patient requires isolation, phone call to the receiving facility in advance:</p> <p><input type="checkbox"/> Actioned</p> <p><input type="checkbox"/> N/A</p>	
<p>Any additional information:</p>	
<p>Name of staff member completing the form: .....</p> <p>Print Name: .....</p> <p>Contact Number: ..... Date: .....</p>	