



Transferred Resident Demographic Form

Information – Transfer of Chart to Another Prairie North Health Region LTC Facility

Name of Facility: _____
(Present Facility)

Name of Resident: _____

Date of Birth: ____/____/____

Next of Kin: _____

Contact Information Next of Kin: _____

Physician: _____

Admission Date to Present Facility: ____/____/____

Date of Transfer to Another PNHR Facility: ____/____/____

Name of Facility Resident Transferred to: _____

Mode of Transfer to Next Facility: _____

Complete Chart Sent to Next Facility: Yes No

Name of Person Responsible **who took** Chart to Next Facility: _____

Name of Nursing Staff Completing Transfer Information: _____

This form is to be given to Facility Manager upon completion of the transfer of the complete chart.

This form to remain as part of medical record file and to be retained for ten(10) years after date of transfer to the next LTC Facility.

When this form is destroyed after period of retention- information is to be entered into destruction of records log.