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|---------------------------------|
| Resident Information |
| Name: _____ |
| DOB: _____ <i>mm/dd/yyyy</i> |

COVID-19 Checklist for Transfer To and From Long Term Care or Retirement Facility

****Please attach appropriate documents with this transfer****

- Long Term Care or Retirement Facility Transfer to Acute Care Facility**
- Updated Goals of Care
 - POET Transfer Summary (include if available)*
 - Medical History and Reason for Transfer
 - Updated Med List *(not a copy of the MAR)*
 - Rockwood Clinical Frailty Scale
 - Cognitive Impairment
 - None
 - Mild
 - Moderate
 - Severe

Date of Transfer:

Completed By:

Signature:

OR

- Acute Care Facility Transfer to Long Term Care or Retirement Facility**
- Updated Goals of Care Discussed in Acute Care
 - Medication Changes
 - Discharge Summary Completed If Admitted or by Emergency Department
 - Diagnosis and essential test results that were done
 - COVID-19 Testing

Date of Transfer:

Completed By:

Signature:

This document is designed to facilitate communication between LTC and Acute Care Facilities.