Surname:

First Name:

NHS Number:

DOB:

Address:

 **Repatriation Checklist**

Accepting hospital and ward: ……………………….……………………………

Accepting consultant: ………………………………….…………………

Date accepted: ………………………………….…………………

|  |  |  |  |
| --- | --- | --- | --- |
| **Included in transfer packet:** | **Yes** | **N/A** | **Comments** |
| Photocopy of last 5 days medical notes |  |  |  |
| Operation notes |  |  |  |
| DNAR form if applicable  |  |  |  |
| Radiology image transfer request completed |  |  | Date: |
| Therapy transfer summary |  |  |  |
| Rehab Prescription |  |  |  |
| Medical discharge summaryIncluding:* Outstanding investigations/procedures
* Planned follow up/outpatient appointments
* Anticoagulation / Thromboprophylaxis
* IVC filter Removed (Y/N)
 |  |  |  |
| Nursing transfer letter |  |  |  |
| Verbal nursing handover given |  |  | Name of receiving nurse: |
| MAC |  |  |  |
| MAP |  |  |  |
| Metavision observations |  |  |  |