



PATIENT I.D. DATA:
(Name, DOC#, DOB)

INFIRMARY/EXTENDED OBSERVATION UNIT DISCHARGE/TRANSFER SUMMARY

ADMISSION DATE	DISCHARGE DATE	FACILITY	<input type="checkbox"/> Discharge to general population <input type="checkbox"/> Infirmary to Infirmary transfer
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Diagnosis at time of discharge/transfer:

Procedures (include date and indication): None

Consultants: None

Clinical course, diagnostics, and treatment:

Infirmary level of care at time of discharge/transfer:

- Skilled Care
 Long term care
 Observation

Functional status summary:

Activities of daily living:

Ambulation:

Diet:

Medication changes:

- No medications
 Unchanged: CIPS medication summary attached
 Started:
 Discontinued:

Follow-up recommendations:

None: Follow-up as needed

Diagnostic studies:

Ordered

Consultations:

Ordered

Outpatient provider:

Ordered

DATE	DISCHARGING/TRANSFERRING PRACTITIONER	SIGNATURE
DATE	RECEIVING PRACTITIONER	SIGNATURE

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.