



Call 601-200-2777 to transfer a patient.
Fax number: 601-200-5444

Transferring Hospital _____

Patient Name/Age/Gender _____

Allergies:

Past medical hx: _____

Signs/symptoms:

Last Known Well: _____ BP: _____ Temp: _____

NIH: _____ HR: _____ O2%: _____

RA or _____ Liters

IV: _____ & _____ RR: _____

GCS _____ Foley: _____

ADDITIONAL INFORMATION

Imaging: _____ Powershare Yes/No

Are they on anticoagulants? YES/NO

Name of anticoagulant _____

MEDS GIVEN _____

TPA BOLUS MG/TIME _____

TPA INFUSION DOSE/TIME _____

TPA FINISHED _____

CREATININE _____ PT/INR _____ GLUCOSE _____

NEXT OF KIN # _____

MODE OF ARRIVAL AND ESTIMATED

TIME OF ARRIVAL _____

Base line function(circle): Ambulatory/Assist/Bed bound

