



indicated medical information can be faxed to nursing at the receiving facility as needed, with documentation in the progress notes that information was faxed.

REFERENCES:

Standards for the Administration of Correctional Agencies  
Second Edition Standards

Standards for Adult Correctional Institutions  
Fourth Edition Standards  
**4-4378**

Standards for Adult Community Residential Services  
Fourth Edition Standards

Standards for Adult Probation and Parole Field Services  
Third Edition Standards

Other

HANKS/clr



**NH Department of Corrections: Division of Medical & Forensic Services**  
**NURSING TRANSFER SUMMARY**

I/M Name: \_\_\_\_\_ DOB: \_\_\_\_\_ ID# \_\_\_\_\_ Jurisdiction: \_\_\_\_\_  
 Pertinent Dx: \_\_\_\_\_

Appointed Guardian (if yes name and contact number): \_\_\_\_\_  
 SPECIAL MEDICAL NEEDS: \_\_\_\_\_

CHECKLIST: ( X = Present N/A =Not Applicable)

ISSUE / ITEM	X or N/A	FURTHER INFO
Medical Record		
Dental Record		
Physical Exam		
TB Record		
Chronic Care Clinics	SEIZURE____ HTN____ CARD____ DM____ RESP____ MULT____	
Meds/Red Meds	MAR Present____ Meds Present____ Meds to Pharmacy____	
Ongoing Mental Health	Appt Due____	
Dx of Infectious Disease	TB____ HIV____ HCV____	Infection Control Officer Notified____
Pending In House Appts:	Date Due MD__ ____ NP__ ____ PT__ ____ RN__ ____	
Pending Outside Consults:	Transport Called____ Consult Present____ Type____	Priority Level____ Date Scheduled____
Outstanding Labs	One Time ____ Recurrent____	Dates Due____ Card Present____

Received by : \_\_\_\_\_ Date: \_\_\_\_\_  
 RN Signature : \_\_\_\_\_ Date: \_\_\_\_\_