









TRANSPLANT - Medical Transfer Summary - Transcription code #102

Patient Identification		g BC Transcription Services Please send copies to
	Dial	1-855-666-3240 or x4799 (internal)
Enter Encounter # to		□ Family Physician
populate:		n enter: First and Last Names
Dationt Name		ue ID (MSP# or assigned) + # key
Patient Name		lity Code 58 + # key (BC Children's) Fax
Provincial Health Number Medical Record Number		k Type 102 + # (Medical Transfer Summary) ent 7 digit visit # + # key All Adult Specialist(s) List all known First and Last Names
Patient location of visit	Fall	Specialty
Date of birth	Voic	e prompt – verify Patient Name Phone
Gender	1010	Fax
Date of Service/ Discharge	Pres	s 2 to begin Dictation using MTS outline
	belo	
	End	with "Please send copies of report to"
	Pres	s 5 to end dictation and log off First and Last Names
Topic		Content
Transfer of Specialty Care		Timing when Specialist(s) will take over care (suggested within 6 months). This
		document requests transfer of care. Please send confirmation of acceptance of transfer
		of care and date of first appointment. Please send copy of letter after first visit.
		Condition specific information developed as per clinic/condition specifications
Condition Specific Information		 Date of diagnosis, initial and most recent tests
•		 Co-morbidities
		 Advance directives
		 Annual testing
Major Events		Date, event, outcome and plan
Medications		Name, dose, rationale, plan
		Previous medications
		Rationale for changing medication protocols
		Indications and contraindications for medications
		Specific drug interactions and alerts
Results		Most recent reports for - ECG, echocardiogram, chest x-ray, stress test, holter
		monitor, cardiac nuclear medicine, cardiac catheterization, GFR, MRI and CT
		Surgical and Biopsy Reports
		 Relevant reports (including genetics, respirology and any appropriate consults)
**Alerts		Allergies, clinical warnings, other risks in ongoing care
		 Red Flag condition specific and unresolved transition related issues
Immunizations		Flag any condition-specific immunizations protocols and alerts
		Rationale for non-completion of recommended schedule
		What future immunizations are required
**Psychosocial/ Special		 Psychosocial information pertaining to success of primary/specialist care, eg.)
Considerations		cognitive level, communication strategies/barriers, family dynamics and
		compliance
**Overview/Plan		Flag restrictions: activity/ work
2.2,		Youth strengths/concerns for discharge/transfer
Anticipatory Guidance and		Condition-specific and potential complications/ late effects
Recommendations for Futu	ırc	Monitoring of medications and suggested tests and lab work
	ai e	
Care		• Specialty directions from Transition Care Management Plans / Clinical Guidelines