



FORM 7: PAEDIATRIC INTER-HOSPITAL TRANSFER FORM

(Form filled in by Clerk/Data Capturer)

Transfer To: (Name of new Treatment Site)

Date of Transfer:

d	d	/	m	m	/	y	y	y	y
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Site Code:

--	--	--

Province:

NL EC FS GT LP MP NC NW WC

District Code:

--	--	--	--	--

Telephone:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Fax:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Transfer From: (Name of transferring Treatment Site)

Site Code:

--	--	--

Province:

N	L
---	---

Capturer:

--	--	--

District Code:

--	--	--	--	--

Telephone:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Fax:

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A. PATIENT DETAILS

Birth Registration/SA IDNumber:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Telephone/Cell:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Patient Firstname:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Patient Surname:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

B. PRIMARY CAREGIVER INFORMATION

Firstname:

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Tel (home):

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Surname:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Tel (work):

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C. REASON FOR TRANSFER

1. Please specify the reason for the transfer: Closer Site Change in Residential Address Other

(If Other, Specify Reason) →

(This section is filled in by the Site receiving the patient)

Has the first appointment been made: Yes No *If Yes, when* →

d	d	/	m	m	/	y	y	y	y
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Date of receipt of Transfer Form:

d	d	/	m	m	/	y	y	y	y
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Please fax/mail this section when completed to:

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Patient has attended first visit at new ART site: Yes No

(Only enter numbers - No brackets or dashes)