**Hospital Envelope Checklist**

**Name of Resident:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  | **Name** | **Phone Number** |
| **Transferring Caregiver** |  |  |
| **Health Services Director** |  |  |

**Address of Assisted Living Facility:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Items listed are included in Emergency Transfer packet:**

* **SBAR Report**
* **Facility Transfer Form**
* **POLST form (PINK)**
* **Current Medication List (MAR)**
* **Most Recent Physician Note or History and Physical Note**
* **Recent Labs (if available)**