



Inter-Health and Social Care Infection Control Transfer Form

The Health and Social Care Act 2008: Code of Practice on the prevention and control of Infection and related guidance (Department of Health 2015), states that "suitable accurate information on infections be provided to any person concerned with providing further support or nursing/medical care in a timely fashion". This form has been developed to help you share information with other health and social care providers. The form should accompany the patient and, where possible, a copy filed in the patient's notes.

Patient Name:		
NHS number: Date of birth: Patient's current location: Receiving facility, e.g., hospital ward, hospice: If transferred by ambulance, the service has been notified: Is the patient an infection risk: Please tick most appropriate box and give details of the confirmed or suspected organism Confirmed risk Organisms: Suspected risk Organisms: No known risk Patient exposed to others with infection, e.g., D&V, Influenza: If the patient has a diarrhoeal illness, please indicate bowel history for last week, if known, (based on Bristol Stool Form Scale): Is diarrhoea thought to be of an infectious nature? Yes No Unknown Relevant specimen results if available Specimen: Date: Result: Treatment information: Is the patient aware of their diagnosis/risk of infection? Yes No Actioned N/A Actioned N/A Additional information:	Patient Name:	GP Name and contact details:
Date of birth:	Address:	
Patient's current location:	NHS number:	
Receiving facility, e.g., hospital ward, hospice: If transferred by ambulance, the service has been notified: Is the patient an infection risk: Please lick most appropriate box and give details of the confirmed or suspected organism Confirmed risk Organisms: Suspected risk Organisms: No known risk Patient exposed to others with infection, e.g., D&V, Influenza: If the patient has a diarrhoeal illness, please indicate bowel history for last week, if known, (based on Bristol Stool Form Scale): Is diarrhoea thought to be of an infectious nature? Yes No Unknown Relevant specimen results if available Specimen: Date: Result: Treatment information: Is the patient aware of their diagnosis/risk of infection? Yes No Actioned N/A Actional information: Name of staff member completing form: Print name:	Date of birth:	
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Print name:	Additional information:	
Contact No: Date		