

# Checklist at transference to the Spinal Cord Injury Centre of Western Denmark (VCR), Viborg Regional Hospital

The checklist must accompany the patient to the VCR; but not with the referral. All parts have to be address (may be completed with "NA")

Please REMEMBER to put a patient label on here!

REFERRING DEPARTMENT AND HOSPITAL:

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PHYSICIAN RESPONSIBLE FOR THE TRANSFER:

Name, phone number/ bleep number:

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NURSE RESPONSIBLE FOR THE TRANSFER:

Name, phone number / bleep number:

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DOCTOR RESPONSIBLE OF PATIENT WHEN IN NEED OF MEDICAL PROFESSIONAL CONFERENCE AFTER THE PATIENT IS RECEIVED AT VCR

Name, phone number / bleep number: \_\_\_\_\_

FOLLOWING THE PATIENT AT TRANSFER:

Copy of ASIA-form: \_\_\_\_\_

Powered by \_\_\_\_\_

Copy of journal \_\_\_\_\_

Powered by \_\_\_\_\_

Nursing Report: \_\_\_\_\_

Powered by \_\_\_\_\_

Occupational Therapy status: \_\_\_\_\_

Powered by \_\_\_\_\_

Physiotherapy status: \_\_\_\_\_

Powered by \_\_\_\_\_

Discharge letter: \_\_\_\_\_

Powered by \_\_\_\_\_

Separate specialist notes: \_\_\_\_\_

Powered by \_\_\_\_\_

Medication List: \_\_\_\_\_

Latest current nonclinical studies:

Clinical Biochemistry:

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Powered by \_\_\_\_\_

Microbiology:

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Powered by \_\_\_\_\_

FUTURE STUDIES TO REFER END HOSPITAL:

Follow-up Date / outpatient assessment referring organization (date / place):

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Powered by \_\_\_\_\_

Follow-up date at another specialized unit (date / place):

\_\_\_\_\_ Powered by

Follow-up Date of x-ray department (date / place):

\_\_\_\_\_ Powered by

Follow-up date other:

\_\_\_\_\_ Powered by

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