**Transfer of Care to Virtual Ward**

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| --- | --- | --- |
| Transfer from:  | Date: | Time: |
| Name of Referrer: | Contact number: |  |
| **Patient’s Details:** |
| First Name: |  | NHS Number: |  |
| Last Name: |  | Date of Birth: |  |
| Address: |  | Patient aware of transfer: | Yes [ ]  / No [ ]  |
| **Relevant Previous Medical History (PMH):** |
|  |
| **Allergies:** |
|  |
| **Reason for Transfer to Virtual Ward:** |
|  |
|  |
| **Recent Observations** | **Blood****Glucose** | **NEWS2** | **HR** | **BP** | **Resp** | **Temp** | **Sats** | **O2 therapy** |
| Date:Time: |  |  |  |  |  |  |  |  |
| Print out of Observation Chart? | Yes [ ]  / No [ ]  |
|  |
| ReSPECT Form: | Yes [ ]  / No [ ]  | ReSPECT form sent with patient? | Yes [ ]  / No [ ]  |
| Details: no  |
|  |
| Skin Integrity: |  |
| Waterlow: |  |
|  Any Access Issues to Property: |
|  |

E-mail completed form to Shropcom.vw@nhs.net