

Appendix 3 – Medical Summary of Transfer Report

MEDICAL SUMMARY OF TRANSFER REPORT For Health and Shared Records

Name:	Date of Birth:
Hospital no:	NHS no:
Address:	
Home tel no:	Mobile no:
School/College:	Email:
Transition start date:	Planned date of transfer to adult care:
	Actual date of transfer to adult care:

Diagnosis:

General Practitioner:	
Surgery Address and telephone no	
Transition Lead Practitioner:	

MDT	WAHT contact	Adult contact
Lead Consultant		
Specialist Nurse		
Physiotherapist		
Occupational therapist		
Dietician		
Speech and Language Therapist		
Clinical psychologist		
Social Worker		
Other		