

INDIVIDUAL MOVEMENT SLIP

ATTENDING PHYSICIAN: _____
NAME/NUMBER

TYPE OF MOVEMENT

- ADMISSION
- TRANSFER IN FROM ANOTHER REGIONAL HOSPITAL
- PLACED ON LWC
- PLACED ON SL
- PLACED ON SL WHILE ON TL/TV
- PLACED ON TL
- PLACED ON TV
- PLACED ON CONDITIONAL RELEASE: REFERRED OUT TO _____
- RETURN FROM LWC
- RETURN FROM SL
- RETURN FROM SL WHILE ON TL/TV
- RETURN FROM TL
- RETURN FROM TV
- RETURN FROM CONDITIONAL RELEASE
- DEATH
- DEATH WHILE ON LWC
- DEATH WHILE ON SL
- DEATH WHILE ON TL
- DEATH WHILE ON TV
- DISCHARGE - AMA
- DIRECT DISCHARGE: REFERRED OUT TO _____
- DISCHARGED FROM LWC: REFERRED OUT TO _____
- DISCHARGED FROM SL: REFERRED OUT TO _____
- DISCHARGED FROM TL: REFERRED OUT TO _____
- DISCHARGED FROM TV: REFERRED OUT TO _____
- TRANSFER WITHIN THE SAME BUILDING/SERVICE AREA (FS / DDS)
- TRANSFERRED OUT TO ANOTHER CSH SERVICE AREA (FS / DDS)
- TRANSFER OUT TO ANOTHER REGIONAL HOSPITAL: _____

MEDICAL RECORDS TRANSFERRED _____ (YES/NO)

LIST VOLUME(S) TRANSFERRED _____

DATE OF MOVEMENT _____ PREVIOUS LOCATION _____

TIME OF MOVEMENT _____ PRESENT LOCATION _____

SIGNATURE _____

DATE

Stamp Plate