



HSE Mental Health Services

Phoenix Care Centre  Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

Psychiatric Intensive Care Service

# Transfer Checklist

Service User Name		Date of Birth	
Transferring Ward/Unit		Telephone Number	
Receiving Ward/Unit		Telephone Number	
*Checklist to accompany Service User on Transfer to the PICU*			✓ or N/A
Current Risk Assessment Included? (Forwarded previously or included with transfer)			
Care Plan Included? (Forwarded previously or included with transfer)			
Mental Health Notes Included? (Forwarded previously or included with transfer)			
Any Infection Control Requirements? (Document in Notes section below)			
Copy of Prescription Chart? (*Including <b>ALL</b> medication given up to point of arrival)			
Copies of MHA (2001) paperwork? (Forwarded previously or included with transfer)			
Any risk issues or concerns since initial referral? (Document in Notes section below)			
All personal property to be transferred with service user			
All monies / bank cards / post office book etc. to be transferred with service user			
Any upcoming appointments / OPD referral details to be transferred with service user			
Details of emergency contacts / NOK for receiving ward/unit?			
Details of known allergies / sensitivities for receiving ward/unit?			
Transport arrangements booked and confirmed?			
Escort arrangements booked and confirmed?			
Receiving ward/unit agreeable to transfer as planned (confirm morning of transfer)?			
Receiving ward/unit aware of the estimated time of arrival?			
NOK / Significant Other notified of transfer?			
<u>Notes</u>			
Signature of Nurse arranging transfer:			Date:
Name of Nurse arranging transfer:			
Time Service User arrived on Ward/Unit:			
Name of Nurse receiving transfer information:			
*This form is to be included with the transfer information stored in the Clinical Record*			