

# Healthcare Handoff Template

## Patient Information

Name:  
Date of Birth:  
Medical Record Number:  
Room Number:  
Allergies:

## Clinical Summary

Reason for Admission:  
Primary Diagnosis:  
Significant Medical History:  
Recent Vitals:  
Current Condition:

## Recent Events

Surgical Procedures:  
Interventions:  
Changes in Conditions:  
New Diagnosis:  
Recent Test Results/Imaging:

## Current Medications

Medication List:  
Dosages:  
Schedules:  
Recent Changes:

## Upcoming Care Plans

Scheduled Procedures:  
Pending Lab Tests/Imaging:  
Consultation:  
Scheduled Therapies:

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<b>Code Status</b>
DNR/DNI: Advanced Directives:
<b>Safety Concerns</b>
Fall Concern: Infection Control Precautions: Other Patient-Specific Risks:
<b>Family &amp; Support Information</b>
Caregiver Contact: Emergency Contact: Family Concerns: Support Needs:
<b>Future Tasks</b>
Pending Orders: Follow-Ups: Tasks for Next Provider:
<b>Questions</b>
<b>Contact Information</b>
Primary Care Provider: Specialist: Case Manager:

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## Sign-Off

Departing Physician Name: \_\_\_\_\_

Departing Physician Signature: \_\_\_\_\_

Arriving Physician Name: \_\_\_\_\_

Arriving Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_