



**UTTAR PRADESH UNIVERSITY OF MEDICAL SCIENCES  
SAIFAI, ETAWAH - 206130 (U.P.)**

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**Transfer IN-OUT form**

Patient Name..... Age/ Sex..... IPD No. ....

Ward from..... To.....

Diagnosis.....

**Patient's Belongings**

- File
- Investigations
  - X-ray/CT-Scan/MRI films
- Other

**Patient's condition**

At Transfer

At Receiving

Pulse

BP

SPO2

On oxygen

Intubated

Note

- Patient on Oxygen to be shifted with oxygen cylinder.
- Sick Patient (hypotension, hypoxia, unconscious to be shifted with staff nurse/doctor/both).

Signature of Nurse

(Transfer Out ward)

Signature of Nurse

(Transfer In Ward)