Resident Evacuation Checklist

Please complete the following checklist on every resident transferred to other facilities to ensure appropriate placement and follow-through in the event of an evacuation of ______________________ (facility name).

Name of Resident ___________________________________________ Room No. ___________________________

Discharged to: ________________________________________________

(facility name or responsible party/family)

Name(s) of Physician(s) notified:                                    Family Notified:

1. __________________________ Name ____________________________
2. __________________________ Relationship ______________________
3. __________________________ Name ____________________________
4. __________________________ Relationship ______________________

Medical Records Sent: □ Yes □ No  Transfer Mode: ________________________________

Personal Belongings Sent with Resident:

List Belongings: _______________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

w/resident □ w/family □

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Medical Equipment Sent with Resident:

Equipment labeled _____________________________________________

Medication and Supplies Sent with Resident:

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

w/resident □ w/family □

Additional Comments: _________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Signature of Person Completing Discharge Process _____________________________ Date ___________________________