

Patient Label or consent form Or NHS Number..... Hospital Number..... Surname..... Forename.....
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## TRANSFER OF DIARY

Name of patient .....

Receiving Hospital and ward.....

Staff Signature.....

Date.....

Transferring Hospital.....

Staff Signature.....

Date.....

Is patient/ NOK aware of diary transfer? Yes [ ] No [ ]

Name of NOK aware of diary transfer .....

Relationship to patient .....

Date .....

Photographs are stored at.....

To be filed with Diary register of transferring hospital