Continuity of Care for Transfer to Court - Sample Form

Included in the Department of Corrections' (SCDC) April 29, 2019 letter to the House Legislative Oversight Committee (LOC). This information was provided in response to the following question in LOC's March 27, 2019 letter to the Department of Corrections: "11. Which counties/entities provide information, which SCDC needs to process inmates, in an efficient and effective manner and which entities may need more assistance in this area?"

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Health Services

CONTINUITY OF CARE FOR TRANSFER TO COURT

NOTE: SCDC states, in its April 29, 2019 letter to the House Legislative Oversight Committee, that an ongoing issue for SCDC medical staff is the failure of counties to provide these forms.

Inmate Name: _____ SCDC Number: _____

Date of Birth: _____ SS#: _____

Transferring Institution: _____

Phone number of SCDC facility medical office: (864) ____ (343) ____ (303) ____ _____

ALLERGIES: _____

Td date: _____

PPD date: _____ Result: _____ ____ Previous Positive

If positive or previous positive, follow-up done: Date/Result of Chest X-ray _____

Has patient had INH Therapy? _____

List chronic and acute problems, diagnoses, and treatments needed (include Mental Health, recent significant labwork):

_____

_____

_____

_____

Diet:

History of suicide attempts?

List supplies, prosthetics:

_____

_____

This patient has been given the following medications (KOP indicates the inmate has Keep On Person supply of meds):

Medication Name	Dosage	Route	Frequency	Amount Sent	KOP?

NOTE:
PLEASE RETURN ANY UNUSED MEDICATION TO SCDC!!

If more, list on back of form

_____ _____

Signature and Title Date

Included in SCDC' 4.29.19 letter to LOC