DISCHARGE/TRANSFER SUMMARY

Admission Date: ____________ Discharge Date: ____________

Patient Name (First, MI, Last): ____________ Diagnosis: ____________

MD Name: ____________ MD phone #: ____________

Reason for Discharge

☐ Care completed ☐ To nursing home ☐ Hospice ☐ Deceased ☐ Noncompliant ☐ To hospital ☐ Moved out of area ☐ Refused Patient

☐ Other Comments: ____________

Condition on Discharge

Vital Signs: (optional per HHA Policy & Procedures) Temp ______ Pulse ______ Resp ______ BP ______ Wt ______

Physical/Psychosocial Status: ____________

Significant health history if applicable: ____________

Current Status: ☐ Independent ☐ Dependent ☐ Needs assist ☐ Needs supervision ☐ Expired

Care Summary (care given, intervention, progress, regress including therapies)

____

Goals not met & reasons (*if applicable*) ____________

Continuing symptom(s) management needs: (i.e. pain, N/V, dyspnea, etc.) (*if applicable*) ____________

Outcomes

☐ Goals met ☐ Stabilized ☐ Improved functional status ☐ Lack of progress

☐ Condition improved ☐ Improved knowledge of self care management ☐ Improved independence ☐ Deterioration of status

☐ Other ____________

Comments: ____________

Emergency Contact Name: ____________ Telephone: ____________

Discharge Instructions? ☐ Patient ☐ Caregiver

Counselled to use medical follow up & PT/CG verbalizes understanding? ☐ Yes ☐ No

Able to comprehend? ☐ Yes ☐ No

Instructed to call agency of choice for future home care needs? ☐ Yes ☐ No

If no, what action was taken? ____________

Specific discharge instructions given: ____________

Comments: ____________

Living Arrangements at Discharge

☐ Own home ☐ Relative Home ☐ Nursing Home ☐ Other (specify): ____________

☐ Discharge from Home Health Care ☐ Office Scheduler notified ☐ Order and summary completed

☐ Private duty services offered ☐ Physician notified ☐ All disciplines notified and discontinued

☐ Report given to institution or agency assuming care w/notification of Advance Directive Status ☐ Physician provided copy ☐ Medication profile attached (per agency policy)

☐ Other: ____________

Signature/Discipline:	Date: