

Post-Acute Transition Home

Discharge Date: ___/___/___

SECTION A: Patient Information:

Name: _____ Gender: M ___ F ___ DOB: ___/___/___
mm dd year

Language: English Y N Other **PATH** _____

Tel. #: (1) (____) _____ - _____ Tel#: (2) (____) _____ - _____

Address: _____ Apt.: _____ City: _____ State: _____ Zip: _____

Emergency Contact: _____ Relationship to Patient: _____ Tel.: #(____) _____ - _____

Healthcare Proxy/Guardian (if different): _____ Tel.# (____) _____ - _____

SECTION B: Discharge Information

Discharging RN: _____ Tel.: # (____) _____ - _____ Unit: _____ Ext.: _____

Discharging Physician: _____ Tel.#: (____) _____ - _____ Date of Admission SNF: _____

Home Health Agency: _____ Tel.# (____) _____ - _____

SECTION C: Advance Directives

Were goals of Advanced Care Planning discussed? Y N (specify) _____

Full Code DNR DNH DNI No Artificial Feeding Palliative Care Hospice MOLST

Is patient capable of making decisions? Y N Does patient have a HCP? Y N

SECTION D: Patient Follow-Up Appointment

Patient follow-up appointment date: ___/___/___ PCP?: Y N Specialist?: Y N
mm dd year

Physician assuming care: _____ Tel.#: #: (____) _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Specialist: _____ Tel.#: #: (____) _____ - _____

Specialist: _____ Tel.#: #: (____) _____ - _____

SECTION E: Clinical Information

Diagnoses Primary Discharge Diagnosis: _____
Other Diagnoses: _____
Mental Health Diagnoses: _____

Vital Signs Time Taken? _____ Temp: _____ BP: _____ HR: _____ RR: _____ O2 Sat: _____

Height _____ Ft _____ Inches

Weight _____ Pounds

Pain Y N Pain Site: _____ Pain Rating: _____
Pain Medication: Y N Name(s): _____
Last dose given: _____ AM/PM

Mental Status: Alert Disoriented, cannot follow commands Disoriented, can follow commands Not Alert

SECTION F: High Risk Information

Does patient need an initial visit within 24 hours (i.e. same day admit/IVs)? Y N (specify) _____

Has Home Care Provider been contacted if initial visit within 24 hours is needed? Y N

Check all that apply:
Fall Risk Delirium Agitation Aggression Aspiration Precautions Sun Downing Precautions

(Specify other Precautions) _____

