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Re

Admission Date: | Discharge Date:

DISCHARGE/TRANSFER SUMMARY

Patient Name (First, MI, Last) | **Record No.**

Reason for Discharge

☐ Care completed ☐ To nursing home ☐ Hospice ☐ Deceased ☐ Noncompliant ☐ To hospital ☐ Moved out of area ☐ Refused/Request
☐ Other/Comments: ______

Condition on Discharge

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

Physical/Psychosocial Status:

______

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:

Resources Ongoing

☐ Nursing home ☐ Meals on Wheels ☐ State program ☐ Other *(specify)*: ______

Resource information provided to patient for continuing needs *(If applicable):*

Comments:

Discharge Instructions? ☐ Patient ☐ Caregiver
Able to comprehend? ☐ Yes ☐ No
If **No**, what action was taken?

Counseled to use medical follow up & PT/CG verbalizes understanding? ☐ Yes ☐ No
Instructed to call agency of choice for future home care needs? ☐ Yes ☐ No

Specific discharge instructions given:

Comments:

Living Arrangements at Discharge

☐ Own home ☐ Relative home ☐ Nursing home ☐ Other *(specify)*: ______

☐ Discharge from Home Health Care
☐ Private duty services offered
☐ Report given to institution or agency assuming care w/notification of Advance Directive status
☐ Other:

☐ Office scheduler notified
☐ Physician notified
☐ Physician provided copy

☐ Order and summary completed
☐ All disciplines notified and discontinued
☐ Medication profile attached (per agency policy)

Signature/Discipline | Date:

WHITE - Patient's Chart **YELLOW** - Office Copy

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