

# Discharge Plan

To be completed by Attending Physician within seven (7) days of admission.

DOCTOR: Please advise us of your tentative discharge plans for this patient. Please complete all items.

	Yes	No
<b>A. Resident is going</b>		
1. Home:		
2. Intermediate Care Facility:		
3. Home for Aged:		
4. Other (Specify): _____		
5. Prolonged placement in this facility:		
<b>B. If A1 is checked, will resident require</b>		
1. Nursing care:		
2. Personal care:		
3. Housekeeping help:		
4. Help with emotional and adjustment issues:		
5. Diet education:		
6. Physical Therapy:		
7. Occupational Therapy:		
8. Speech Therapy:		
9. Financial Assistance:		
10. Community resources (Specify): _____ _____		
11. NONE OF THE ABOVE:		
<b>C. I will be making discharge arrangements:</b>		
I would appreciate Staff assistance with the above -checked items:		

Attending Physician Signature _____	Date _____		
<b>Resident Name:</b> _____	<b>Room #</b> _____	<b>Physician:</b> _____	<b>Medical Rec. #</b> _____