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.

A. Resident is going
   1. Home:
   2. Intermediate Care Facility:
   3. Home for Aged:
   4. Other (Specify):
   5. Prolonged placement in this facility:

B. If A1 is checked, will resident require
   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:

C. I will be making discharge arrangements:

   I would appreciate Staff assistance with the above -checked items:

Attending Physician Signature __________________________ Date __________

Resident Name: __________________________ Room #: __________________________

Physician: __________________________ Medical Rec. #: __________________________