



APPLIED HEALTHCARE SOLUTIONS, INC.

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DISCHARGE SUMMARY

Date of Discharge: _____ Last Visit Date: _____ SOC Date: _____

Primary Diagnosis: _____

Disciplines Involved: SN PT OT ST RD MSW Other: _____

Discharge Initiated by: Physician Agency Patient / Family

REASONS FOR DISCHARGE

Goals met No further care needed Hospitalized Moved out of Service Area
 Admitted to SNF Non - Compliance Lack of Progress Pt./PCG assumed responsibility
 Transferred to Hospice Transferred to Another Agency Physician request Pt./Family Refused Further Care
 Lack of Funds Death Other: _____

STATUS AT ADMISSION

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STATUS AT DISCHARGE

Coping Non-Coping Independent in ADL Assisted ADL at home
 Alert Forgetful Assisted Ambulation Wheelchair bound
 Oriented Disoriented Functional Communication Non-Functional Communication
 Understands health problems Confused Understands purpose of medications Bedridden
 Other: _____

DISCHARGE DISPOSITION

Unknown Outpatient Rehab Support by Family Support by Caregiver Inpatient Facility
 Self Extended Care Facility Physician Clinic Follow Up Other Community Resources
 Other: _____

DME

Walker Wheelchair Hospital Bed Hoyer Lift Air Mattress Other
 Cane Alt. Pressure Pad Pulmonaid BSC O2 Equipment

PROBLEMS IDENTIFIED

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STATUS OF PROBLEMS AT DISCHARGE

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SUMMARY OF CARE PROVIDED

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TREATMENT GOALS ATTAINED YES NO PARTIALLY MET
COMMUNITY REFERRALS MADE NA Meals on Wheels Protective Service Financial Assistance
 Transportation In-Home Supportive Care Other: _____

DISCHARGE INSTRUCTIONS: _____
...more

Physician Notified of Discharge Yes No Patient/Family Notified of Discharge Yes No

Patient Name: _____ MR#: _____