

## APPLIED HEALTHCARE SOLUTIONS, INC. 2865 Sunrise Blvd., Suite 104, CA 95742 Phone: (916) 638-8726 / Fax: (844) 269-7623

## **DISCHARGE SUMMARY**

Primary Diagnosis:    Disciplines Involved:	Date of Discharge:	Last Visit Date	SOC Date:
Disciplines Involved:			
Physician   Agency   Patient / Family	, 3		
Physician			
Physician	Disciplines Involved:	✓SN □PT ✓OT □ST □	RD MSW Other:
READONS FOR DISCHARGE  Goals met Admitted to SNF Non - Compliance Transferred to Hospite Transportation Transportation Transportation Transportation Transportation Transportic Tra	•		
Goals met			icy Eradient / Family
Admitted to SNF			☐ Hospitalized ☐ Moved out of Service Area
Caping	Admitted to SNF	Non - Compliance	Lack of Progress Pt./PCG assumed responsibility
STATUS AT ADMISSION    STATUS AT DISCHARGE			
STATUS AT DISCHARGE		Death	
STATUS AT DISCHARGE    Coping	STATUS AT ADMISSION		
STATUS AT DISCHARGE    Coping			
STATUS AT DISCHARGE    Coping			
Coping			more 🗐
Alert	STATUS AT DISCHARGE		
Oriented	Coping		
Understands health problems			
DISCHARGE DISPOSITION  Unknown Outpatient Rehab Support by Family Other Community Resources Other:  DME  Walker Wheelchair Hospital Bed Hoyer Lift Air Mattress Other  ane Alt. Pressure Pad Pulmonaid BSC O2 Equipment  PROBLEMS IDENTIFIED  STATUS OF PROBLEMS AT DISCHARGE  SUMMARY OF CARE PROVIDED  TREATMENT GOALS ATTAINED YES NO PARTIALLY MET COMMUNITY REFERRALS MADE NA Meals on Wheels NA Meals on Wheels Transportation In-Home Supportive Care  Protective Service Financial Assistance			
Unknown   Outpatient Rehab   Support by Family   Support by Caregiver   Inpatient Facility   Other:	Other:		
Status of Problems at Discharge    Status of Problems at Discharge	DISCHARGE DISPOSITIO	N	
Other:    DME			
DME   Walker   Wheelchair   Hospital Bed   Hoyer Lift   Air Mattress   Other     Cane   Alt. Pressure Pad   Pulmonaid   BSC   O2 Equipment		tended Care Facility	ician Clinic Follow Up
Walker	-		
Cane		Wheelchair Hospital Bee	Hover Lift Air Mattress Other
PROBLEMS IDENTIFIED  STATUS OF PROBLEMS AT DISCHARGE  SUMMARY OF CARE PROVIDED  TREATMENT GOALS ATTAINED OF YES NO PARTIALLY MET OMNUNITY REFERRALS MADE NA Meals on Wheels Protective Service Financial Assistance Other:			
STATUS OF PROBLEMS AT DISCHARGE more  SUMMARY OF CARE PROVIDED  TREATMENT GOALS ATTAINED COMMUNITY REFERRALS MADE  NA Meals on Wheels Protective Service Financial Assistance In-Home Supportive Care Other:	PROBLEMS IDENTIFIED		
STATUS OF PROBLEMS AT DISCHARGE more  SUMMARY OF CARE PROVIDED  TREATMENT GOALS ATTAINED COMMUNITY REFERRALS MADE  NA Meals on Wheels Protective Service Financial Assistance In-Home Supportive Care Other:			
STATUS OF PROBLEMS AT DISCHARGE more  SUMMARY OF CARE PROVIDED  TREATMENT GOALS ATTAINED COMMUNITY REFERRALS MADE  NA Meals on Wheels Protective Service Financial Assistance In-Home Supportive Care Other:			
STATUS OF PROBLEMS AT DISCHARGE more  SUMMARY OF CARE PROVIDED  TREATMENT GOALS ATTAINED COMMUNITY REFERRALS MADE  NA Meals on Wheels Protective Service Financial Assistance In-Home Supportive Care Other:			
SUMMARY OF CARE PROVIDED more   TREATMENT GOALS ATTAINED  TREATMENT GOALS ATTAINED  OMMUNITY REFERRALS MADE  NA Meals on Wheels  Protective Service  Financial Assistance  Transportation  In-Home Supportive Care  Other:	CTATUS OF DEODUTAS A	TDISCHARGE	more 🗐
SUMMARY OF CARE PROVIDED more  TREATMENT GOALS ATTAINED COMMUNITY REFERRALS MADE  NA Meals on Wheels Protective Service Financial Assistance In-Home Supportive Care Other:	STATUS OF PROBLEMS A	I DISCHARGE	
SUMMARY OF CARE PROVIDED more  TREATMENT GOALS ATTAINED COMMUNITY REFERRALS MADE  NA Meals on Wheels Protective Service Financial Assistance Transportation In-Home Supportive Care Other:			
SUMMARY OF CARE PROVIDED more   TREATMENT GOALS ATTAINED COMMUNITY REFERRALS MADE  NA Meals on Wheels Transportation In-Home Supportive Care Other:			
TREATMENT GOALS ATTAINED YES NO PARTIALLY MET  COMMUNITY REFERRALS MADE NA Meals on Wheels Protective Service Financial Assistance  Transportation In-Home Supportive Care Other:			more 🗐
COMMUNITY REFERRALS MADE	SUMMARY OF CARE PRO	OVIDED	
COMMUNITY REFERRALS MADE			
COMMUNITY REFERRALS MADE			
COMMUNITY REFERRALS MADE			
COMMUNITY REFERRALS MADE	TREATMENT GOALS AT	TAINFD VES NO	DARTIALLY MET
☐ Transportation ☐ In-Home Supportive Care ☐ Other:		ALS MADE IN NA	
DISCHARGE INSTRUCTIONS		☐ Transportation	
	DISCHARGE INSTRUCT	IONS	
more 🗐			more 🗐
Physician Notified of Discharge	Physician Notified of D	<b>Discharge</b> Ses No	Patient/Family Notified of Discharge
Patient Name: MR#:	Patient Name:		MR#: