## **Checklist for Discharge to Home**



Name:	
Reason for Admission:	
Checklist Place a checkmark next to completed items.	<b>Notes</b> Write important information in this space.
The name of the agency, and date and time of start services, if you are going home.	
The name, date, and time of arranged transportation home.	
A list of medications with dosage and frequency information (use the Medication Management worksheet on the next page).	
A recovery plan, which can include:  ☐ Wound Care - how often you should clean wounds ☐ Rehabilitation - the frequency and type needed ☐ Dietary requirements	
A list of symptoms to watch out for (find out what a normal recovery looks like so that you are aware of any symptoms that are out-of-the-ordinary and know when to seek medical care).	
Referral forms, or a list of referrals for specialists and how often you should see them.	
The date and time for follow-up appointments, if required. Schedule in advance, if possible.	
Forms for follow-up progress reports, if required.  Other resources, such as local support groups.	

## **Checklist for Discharge to Facility**



Name:	
Reason for Admission:	
Checklist	Notes
Place a checkmark next to completed items.	Write important information in this space.
The name and location of the facility you are being	
discharged to.	
The name, date, and time of arranged transportation	
to the facility.	
A list of medications with dosage and frequency	
information (use the Medication Management	
worksheet on the next page).	
A recovery plan, which can include:	
☐ Wound Care - how often you should clean wounds	
☐ Rehabilitation - the frequency and type needed	
☐ Dietary requirements	
A list of symptoms to watch out for (find out what a	
normal recovery looks like so that you are aware of	
any symptoms that are out-of-the-ordinary and know	
when to seek medical care).	
Referral forms, or a list of referrals for specialists and	
how often you should see them.	
The date and time for follow-up appointments, if re-	
quired. Schedule in advance, if possible.	
Forms for follow-up progress reports, if required.	
Other resources, such as local support groups.	

Medication Management Worksheet	Name:	
	Data	

Fill out this worksheet with all the prescription drugs, over-the-counter drugs, vitamins, and herbal supplements you take. Review this list with staff.

Name of Drug	What it does	Dose	How to take it	When to take it	Notes

<b>Appointment Worksheet</b>	Name:	
• •	Date:	

Fill out this worksheet with all of your appointments. Note whether or not they have already been scheduled, or if they need to be. Review this list with staff.

Appointments/Tests	Date	Phone Number	Specialist/Physician Name
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