DISCHARGE CARE PLAN

☐ From In-patient agency ☐ From Home Care

Referral to Home Care for:

☐ None ☐ Meals

☐ Nursing Care ☐ Physiotherapy

☐ Personal Care ☐ Occupational Therapy

☐ Home Maintenance ☐ Other:

Instructions for Care
Personal Hygiene ☐ Independent ☐ Handout (name and dept):
Elimination ☐ Independent ☐ Handout (name and dept):
Nutrition ☐ Independent ☐ Handout (name and dept):
Mobility ☐ Independent ☐ Handout (name and dept):
Observations and Measurements ☐ Handout (name and dept):
Medications ☐ Copy of current medication records attached: ☐ Reconciled ☐ Medication Administration Record
Prescription: ☐ Yes ☐ No Own Medications Returned: ☐ Yes ☐ No
Treatments and Procedures ☐ Handout (name and dept):
Dressings ☐ Yes ☐ No
Packing ☐ Yes ☐ No (If yes, describe, including count)
Teaching ☐ Handout (name and dept):
Safety ☐ Handout (name and dept):
Psychosocial ☐ Handout (name and dept):
Home Care Plan ☐ Yes ☐ No ☐ Practitioner orders/discharge instructions provided to home care
☐ Copy of Advance Care Plan/Goals of Care order with patient and to home care
Appointments ☐ Made for you ☐ Make your own appointment

Name	Location	Time/Date	Telephone

Show this plan to your home care provider(s) and take it to your next doctor's appointment

Information reviewed by patient/family/significant other and caregiver and consent to send Medication list to Pharmacy Signature:	Date	ID

White copy – to patient Yellow copy – patient record

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