



## Discharge Referral Checklist

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

MRN: \_\_\_\_\_ Name of Hospital Facility: \_\_\_\_\_

• **Admitting Diagnosis:**

\_\_\_\_\_

• **Discharge Diagnosis:**

\_\_\_\_\_

• **Appointments for Follow-Up appointments, Scheduled Visits with Specialist(s), Wound Care Appointments:**

Physician/Clinic Name:	Address:	Date / Time of Appt.:

• **Is the patient able to meet the following ADLs independently?**

By initialing below, the physician confirms that the patient is able to complete the following without any assistance:

**Initials:**

\_\_\_\_\_ Bathe

Need for DME: \_\_\_\_\_

\_\_\_\_\_ Toilet

O2: \_\_\_\_\_

\_\_\_\_\_ Dress

Wound Vac: \_\_\_\_\_

\_\_\_\_\_ Self-Feed

\_\_\_\_\_ Self-Medicare

\_\_\_\_\_ Able to perform wound care

\_\_\_\_\_ Ambulate greater than **300 feet** without assistance (indicate in comments if patient requires mobility device)

\_\_\_\_\_ Transfer to and off the floor

**Comments:** \_\_\_\_\_

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**Attending Physician:**

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Care Coordinator / Case Manager / Social Worker:**

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Discharge Referral Checklist

- **Current List of Discharge Medications:**


- **File must include the following medical records:**

- Client Face/Demographic Sheet
- Last Physician's Progress Note
- Consultants' Discharge Summaries
- Patient Lab Reports
- Radiology Results
- Discharge Summary (If Available)

The infographic consists of several colored callouts with icons and text:

- Red callout:** Icon of a cross and caduceus. Text: "Open port? Infectious? Major organ failure? DNR? Needs hospice?".
- Red callout:** Text: "If Yes: Patient is not eligible for H4H."
- Yellow callout:** Icon of a checkmark and "ADLs". Text: "Can the patient ambulate, use the toilet, bathe, and dress unassisted?".
- Yellow callout:** Text: "If No: Patient is not eligible for H4H."
- Dark blue callout:** Icon of a telephone. Text: "Call to ask for clearance: Haven for Hope Intake Department 210-220-2383".
- Yellow callout:** Icon of a printer. Text: "Fax patient's paperwork (list below): 210-910-6868".
- Yellow callout:** Icon of an "Rx" symbol. Text: "Ensure patient has all needed medications & supplies".
- Dark blue callout:** Icon of a car. Text: "If patient is cleared for entry, transport to: One Haven for Hope Way 78207 Monday-Friday, 8:00 am to 3:00 pm".