

Discharge Planning Check List

Individual:	DOB:
Program:	Allergies:
Discharge Date	
Discharge Clinician	
Residential Contact Person	

1	Home Medication and discharge Medication list reconciled (Check when completed)	
2	Original Physician Order sheet form Residence signed by Hospital Physician	
3	MAR sheets may be signed by Hospital physician..	
4	Last Medication Administered by Hospital; Last Void, Last BM	
5	Any Change in Diet Yes NO	
6	Restrictions and Limitations	
7	Medical Supplies, Adaptive Equipment	
8	Prescription to DME for Medical Equipment	
9	Follow up Labs/appointments PCP FU Date	
10	Home Health Agency yes no Referral present yes no	
11	Admission summary, Discharge summary, Specialty services consults/referrals	
12	May person return to day program without restrictions yes no	

Comments
Signature
Date