



## .48 Communication within 2 Business Days of Discharge

<b>Date of communication:</b>	
<b>Date of Hospital Admission:</b>	
<b>Name of Discharge Facility:</b>	
<b>Follow up appointment is scheduled on:</b>	
<b>Patient agreed to bring in medication at face to face visit:</b>	
<b>Patient agreed to bring caregiver/family member at face to face visit:</b>	
<b>Most recent discharge disposition:</b>	
<b>Patient was set up with home health:</b>	
<b>Does patient need any education to support self-management, independent living and/or activities of daily living?</b>	
<b>Does patient have any questions concerning how to take or when to take medications?</b>	
<b>Does patient have adequate access to transportation to/from physician offices and/or community services?</b>	
<b>Does patient have any additional questions?</b>	
<b>ADDITIONAL NOTES:</b>	