

Patient Name:			Date of Contact:					
Sources of Information: Patient, family member or caregiver Hospital Discharge Summary			Family/Caregiver Name:					
			Other					
			List of recent hospitalizations or ED visits:					
Discharge Location:			Discharge Date:					
Home Family Member Home Non-Family Home Assisted Living Other								
Diagnosis/Problem:								
Medication Changes?		Yes	No	Notes:				
Medication List Updated?		Yes	No	Notes:				
Referral/Lab Needed?		Yes	No	Notes:				
Initial Communication Post-Discharge: First two attempts must be within two business days of discharge date listed above. Continue to contact patient even if attempts past the two days are not successful.								
Attempts	Date	Time	Method					Initials
First			Call	Fax	Email	Secured Message	Other	
Second			Call	Fax	Email	Secured Message	Other	
Additional			Call	Fax	Email	Secured Message	Other	
Additional			Call	Fax	Email	Secured Message	Other	
Additional			Call	Fax	Email	Secured Message	Other	
Additional			Call	Fax	Email	Secured Message	Other	
Follow-Up Appointment:			Date:					
Within 7 Days of Discharge								
Within 14 Days of Discharge			Provider:					
Additional Information:								
Form Completed by (Clinic Staff Member):								
Signed-off by (Provider):								