

FORM K

DISCHARGE PLANNING INTERVIEW:

1. Who do you live with?

2. Do you have your own room?

3. Do you have assistance at home?

4. Do you have a shower or bathtub? Handrails?

5. Does your home have stairs or steps?

6. What is your means of transportation?

7. What is your means of communication?

SAFETY:

8. Do you have smoke detectors? Alarms?

9. Do you have walking space free of extension cords and scatter rugs?

NUTRITION:

10. Who shops for groceries?

11. Who prepares and cook meals?

12. Do you have a refrigerator and stove?

DISCHARGE ORDERS:

Medications:

Name	Amount Route Schedule	Special Instructions

Special Instructions/Treatments:

Prescribed Diet/Foods:

Activity:

Emergency Healthcare Contacts:

APPOINTMENTS:

Physician	Phone #	Date	Time

Level of Care needed on Discharge:

Referral Source/Agency(ies):
