

Discharge Planning Checklist

Check if Completed	Category	Details to Consider	Notes/Actions
<input type="checkbox"/>	Patient Identification	Confirm the patient's full name, date of birth, and medical record number.	
<input type="checkbox"/>	Medical Summary	Review and summarize medical conditions, treatments received, and progress.	
<input type="checkbox"/>	Medication Plan	List all medications, dosages, and administration instructions.	
<input type="checkbox"/>	Follow-up Care	Schedule follow-up appointments and referrals to specialists if needed.	
<input type="checkbox"/>	Home Care Requirements	Assess and arrange for home care services or equipment if necessary.	
<input type="checkbox"/>	Patient Education	Provide education on health condition, medication, and self-care.	
<input type="checkbox"/>	Diet and Activity Instructions	Advise on appropriate diet and physical activity post-discharge.	
<input type="checkbox"/>	Warning Signs and Symptoms	Inform about signs and symptoms that require medical attention.	
<input type="checkbox"/>	Emergency Contacts	Provide information on whom to contact in case of an emergency.	
<input type="checkbox"/>	Discharge Documentation	Prepare and provide discharge summary and instructions.	
<input type="checkbox"/>	Insurance and Billing	Confirm insurance details and provide billing information.	

Doctor's Acknowledgment

Name of Doctor: _____

Signature: _____

Date: _____