Hospital to Post-Acute Care Transfer Form

Resident Registration | Clinical Information | Care Directives | Medication Reconciliation | Discharge

★ A. Resident Information

SSN Number: 840-20-4043

Resident First Name: alert

Resident Last Name: test2

DOB: 09/08/1964

Room No:

Date of Admission: 09/07/2017

Gender: (•) M ( ) F

Language: (•) English ( ) Other

Race/Ethnicity: (•) White ( ) Black ( ) Hispanic ( ) Other

PCP at site (MD): Mddemo test (MD), manoj patel (MD), testmd demo (MD)

Resident Care Types: Post-Acute Care

Medicare Insurance Plan: BCBSTX

Add Box titled "Discharge"

★ B. Family/Caregiver/Prox

Family/Caregiver Name: test32322

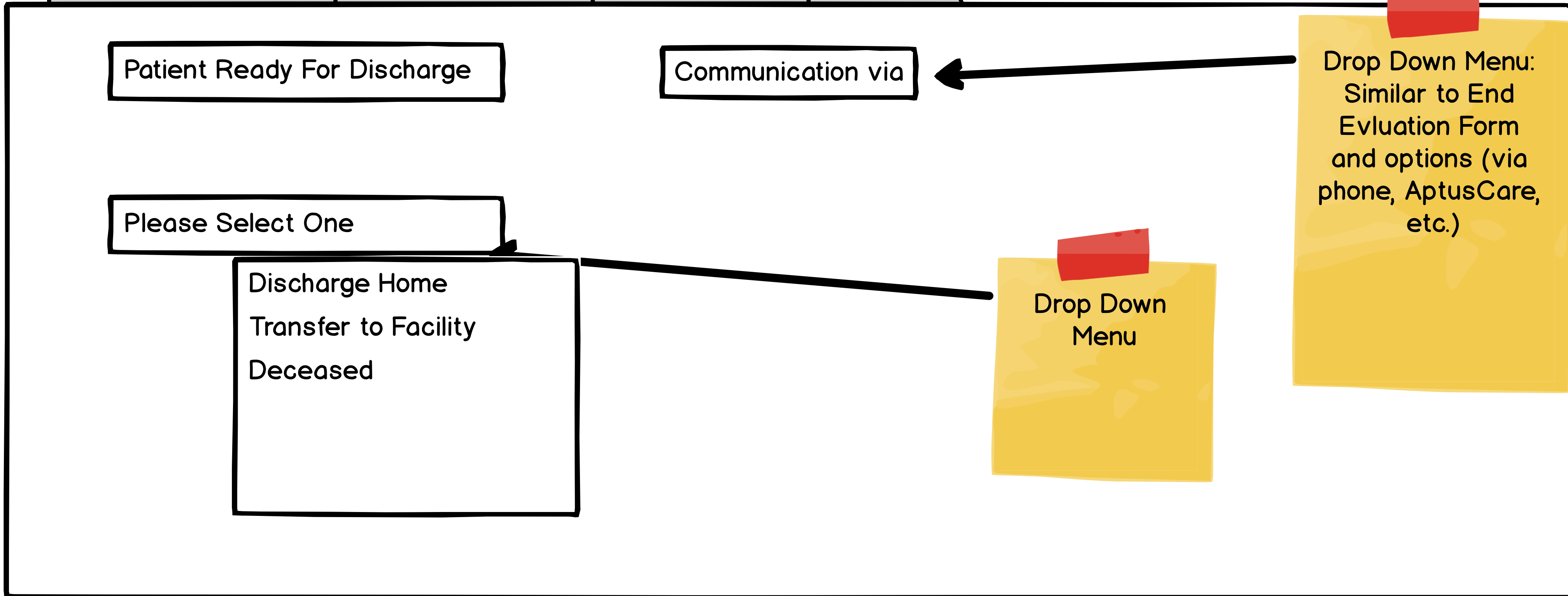
Tel: (080) 080-9808

Healthcare Proxy/Guardian Name (if different): test808098

Tel: (323) 203-2038

★ C. Advance Directives/Goals of Care

- [ ] Full Code
- [ ] DNR
- [ ] DNI
- [ ] DNH
- [ ] No Artificial Feeding
- [ ] Comfort Care
- [ ] Hospice Care
- [ ] Other



Resident Registration
Clinical Information
Care Directives
Discharge
Patient Ready For Discharge
Communication via
Drop Down Menu: Similar to End Evluation Form and options (via phone, AptusCare, etc.)
Please Select One
Discharge Home
Transfer to Facility
Deceased
Drop Down Menu

Resident Registration | Clinical Information | Care Directives | Discharge

Patient Ready For Discharge

Communication via

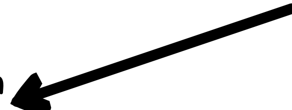
Similar to End Evluation Form and options (via phone, AptusCare,

Discharge Home

Date of Discharge

Calendar

Nurse or Administrator must verify Caregiver Information



☐ Verify Caregiver Name and Contact information

Done

Resident Registration | Clinical Information | Care Directives | Discharge

Patient Ready For Discharge

Communication via

Similar to End Evluation Form and options (via phone, AptusCare,

Transfer to Facility

If "Transfer to Facility", must enter name of facility in free form text (must be captured in back end)

Please Enter Name of Facility

Date

Calendar

Nurse or Administrator must verify Caregiver Information

☐ Verify Caregiver Name and Contact information

Done

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Patient Ready For Discharge

Communication via

Similar to End Evluation Form and options (via phone, AptusCare,

Deceased

Drop Down Menu

Date

Calendar

Done