

PRE-ADMISSION HOSPITAL DISCHARGE PLANNING QUESTIONNAIRE

Outpatient Clinic

Patients expected length of stay:

Anticipated Surgery Date:

Scheduled Procedure:

- | | | | |
|---|---|-----|---|
| Y | N | [1] | Do you presently require assistance with activities of daily living?
(ie: shopping, bathing, dressing, cooking) |
| Y | N | [2] | Do you have assistance at home following your hospital stay? |
| Y | N | [3] | Do you currently reside in a facility? Name:
(ie. Board and Care, Skilled Nursing Facility, Group Home or Assisted Living) |
| Y | N | [4] | Will you be going to your home following discharge?
If no, where will you be going? |
| Y | N | [5] | Do you have steps to enter your home, or in your home?
steps to enter steps/stairs inside of home |
| Y | N | [6] | Does your home have running water, electricity and a telephone? |
| Y | N | [7] | Have you been hospitalized in the last 12 months? Where? |
| Y | N | [8] | Do you have transportation home after discharge?
Who? Phone |
| Y | N | [9] | Are you a caregiver for your spouse, child or other? |

Questionnaire completed by:

Date

Please add any additional concerns you may have about your discharge planning needs.

Thank you for your time in filling out this survey. You may be contacted by the Pre-Admissions Nurse Kori Pilkington, RN, to coordinate anticipated discharge needs. If you have additional questions you would like to discuss, please contact the Discharge Planning office of Patient Services at 916-734-2944.

You will have a Discharge Planner assigned to you while you are in the hospital. If you have concerns or issues regarding your discharge planning, please request that your floor nurse contact your Discharge Planner, or you can call Patient Services at 734-2944.

Fax to:

Date:

Copy given to patient: