

## Post-Discharge Follow-up Report for CHF

Patient Information:

Name: Last, First	Date of Birth	SJGH MRN
Physical Address		Phone Number
Insurance Company (For Research only)	Date Discharged	Date of 1 <sup>st</sup> PCP Visit
Date of Follow-up with Specialist	Name of Specialist,	Name of Clinic

Post Discharge Follow-up Provided:

- Review disease process hand-out from the hospital with patient. Ensure understanding.
  - Did patient already read material? (Circle) YES NO
    - If not, why? Language, small print, hard to understand, not interested, other
- Review “Hospital in the Home for CHF” handout with patient. Ensure understanding.
- Review “Weight Tracking Log” with patient and explain the importance of compliance.
  - Has Patient kept a weight log since last visit? Yes / No
  - Does Patient have a scale at home to use? Yes / No
- Obtain vital signs:
  - B/P: \_\_\_\_\_ Weight: \_\_\_\_\_
  - Pulse rate, quality: \_\_\_\_\_ Extremities: \_\_\_\_\_
  - Respiratory rate: \_\_\_\_\_ SPO<sub>2</sub>: \_\_\_\_\_
  - Lung sounds: Right \_\_\_\_\_ Left \_\_\_\_\_
- Functional status (circle) Bed Bound/ Wheelchair/ Ambulatory with Aid, w/o Aid
- Code Status (circle): Full code / POLST with limitations / DNR
- Medication Reconciliation:
  - Does patient use a specific pharmacy? Yes / No
  - Pharmacy name and location: \_\_\_\_\_
  - Correctly taking medications prescribed at discharge? Yes / No
  - Taking additional medications prescribed by: (circle) PCP / Specialist / None
  - Taking over-the-counter medications: Yes / No

