Post-Discharge Follow-up Report for CHF

Patien	t Inforn	nation:						
Name: Last, First			Date	of Birth	SJGH MRN			
Physical Address				Phone Number				
Insurance Company (For Research only)			y) Date	Discharged	Date of 1st PCP Visit			
Date of	f Follo	w-up with Specialist	Name	e of Specialist,	Name of Clinic			
Post D	ischarg	ge Follow-up Provided:						
	Revie	iew 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						
	Revie	w "Hospital in the Home	w "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						
	Obtair	otain vital signs:						
	•	B/P:	Weight:					
	•	Pulse rate, quality:		Extremities:				
	•	Respiratory rate:		SPO ₂ :				
	•	Lung sounds: Right		Left				
	Functi	ional status (circle) Bed B	nal 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

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	 Does patient have a Medi- 	-set or pill box organizer? Has / accepted	new / refuse
	Substance Abuse (circle) ETOH /	Smoking / Illicit drugs / None	
	Does the patient understand dieta	ry restrictions? Yes / No	
	Educate patient how to read sodiu	um levels on nutrition labels	
	Will the patient follow food and o	diet recommendations? Yes / No	
	Does patient use Home Health Se	ervices: Yes / No	
	Does patient use In Home Suppor	rtive Services (IHSS): Yes / No	
	Comments from site visit:		
•	Urgent contact warning made?		
	 To whom:		
	Name Name	Date	Via
Report	t By:		
Print N	Name	Signature	Date