

# complex care discharge planning initiative

for complex patients with  
anticipated LOS > 4 days

**This PATIENT CARE PLAN is to be given to the patient.**

**NOTE: This is NOT a hospital discharge summary. The hospital discharge summary document must also be completed.**

Patient Name	Date of Birth	PHN	Telephone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Most Responsible Physician	Telephone Number
<input type="text"/>	<input type="text"/>

Primary Health Care Provider / Family Physician	Telephone Number
<input type="text"/>	<input type="text"/>

Primary Health Care Provider / Family Physician was notified in the first 24 hours post admission	Date of Admission	Date of Discharge
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>

Other consulting physicians involved in patient's hospital care

Other supports consulted during development of the discharge plan

Social Work     Home Care     Other  
 Nutrition     Long Term Care

Copy of this form provided to

Patient     Primary Health Care Provider / Family Physician

Describe admitting diagnosis

Describe discharge diagnosis

Describe other diagnosis

medication	allergy	new	change	discontinue	notes
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

follow Up	< 1 week	2-4 weeks	other (specify)	appointments arranged
Primary Health Care Provider / Family Physician	<input type="checkbox"/>	<input type="checkbox"/>		
Specialist	<input type="checkbox"/>	<input type="checkbox"/>		
Specialist	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

Home Care (if required)

Home Care to contact patient

Contact person if Home Care has not been in contact within one day of discharge

Special Instructions for the Patient

Instructions for Primary Health Care Provider / Family Physician

Triggers for Re-Referral or Telephone Advice

Notes for Specialist Physician