

# Acute Discharge Planning Worksheet



## Section 1 | Facility Contact Information

Contact Name:	Contact Phone Number:
---------------	-----------------------

## Section 2 | Member Information

Member Name:	Date of Birth: ____/____/____
Member ID Number:	MM Inpatient Case Number:
Patient is currently: <input type="checkbox"/> Acute Inpatient <input type="checkbox"/> Observation Status	
Request for: <input type="checkbox"/> SNF <input type="checkbox"/> IRF	Anticipated Admission Date: ____/____/____

## Section 3 | Medical Status

Diagnosis:
Pertinent Surgeries:
Pertinent clinical to support next level of care (Consider IV needs (frequency and end date), wound care needs (size/wound care/frequency)), changes in cognition, etc:

## Section 4 | Home/Caregiver Information

Caregiver in home/ability and availability:
Home set up (Number steps to enter, location bed/bath, etc):
DME Needs:
PLOF (Prior to acute hospitalization; State member's functional status within the past 6 months):

Continued...

**Section 5 | Level of Function****Time a member can tolerate therapy (Hours):****Physical Therapy****Weight bearing status:****Bed Mobility:****Transfers:****Ambulation (Assist/distance/device):****Stairs:****Wheelchair Mobility:****Occupational Therapy****Grooming:****Feeding:****UB Bathing/Dressing:****LB Bathing/Dressing:****Toileting:****Speech Therapy****Current Diet:****Current Speech Therapy Barriers:**