

**Separation of Patient -- To be completed by Nurse/Doctor/Allied Health on Day of Discharge
PRIOR to patient's departure from Hospital**

Continuing Care

Nurse Discharging Patient: _____

Date _____

Destination:

- Own Home
 With relative / friend
 Hostel / Nursing Home
 Hospital
 Alone

Record Destination Address: _____

Phone Number: _____

Transport:

- Private Car
 Taxi
 Ambulance
 Hospital Transport
 Other _____

Yes N/A

Comments

Patient relative aware of plans

Medical discharge summary

Registrar contacted GP

Nursing discharge summary

Allied Health Summary

D/C FIM completed

Follow-up appointment made + times given to patient

Discharge Medications received

Patient understands medications

Patient reminded of valuables collection

Private x-rays returned to patient

Community Services notified of discharge

Equipment / dressings provided

Patient satisfaction survey completed