



GWA504750

BINDING MARGIN - DO NOT WRITE

GREATER WESTERN AREA HEALTH SERVICE REHABILITATION UNIT DISCHARGE CHECKLIST	AUID/MRN	
	Surname	
	Other Names	
	DOB/Sex	
Facility	Phone Number	

Discharge Date: _____ Follow up Date: _____

CHECKLIST	INITIALS	CHECKLIST	INITIALS
Patient notified		Doctors discharge letter	
Family notified Name:		Transport arranged Hospital <input type="checkbox"/> Private <input type="checkbox"/>	
Scripts provided		Private X-rays returned	
RACF Communication Envelope attended		Valuables returned from Safe Custody	
Follow up appointment organised		Multi Risk Assessment Audit Tool attended	

CHECKLIST	YES	NO	N/A	COMMENTS
Home Visit Has Home Visit been attended Modifications required Has Home modifications been attended				
Mobility Aide Has Aide been organised				
Home Care Has this been arranged				
CAPAC Service Has this been arranged				
Meals on Wheels Has this been organised				
Community Transport Has this been arranged				
Does Patient need assessment for driving Has this been attended				
ACAT Referral ACAT Referral attended				
Community Aged Care Package CACP organised to start when				
NHP 3020 Form completed				
District Nurse District Nurse to commence when				
Community Options COMPAC Service available when				
Vital Call Vital Call installed when				
Medication assistance Blister pack organised District Nurse available for same				
Special Diet Modifications Has this been arranged				

Appointments post discharge:

Name: _____ Signature: _____ Designation: _____

REHABILITATION UNIT DISCHARGE CHECKLIST

