

Patient Outreach/Discharge Assessment Script

Today's Date _____ Time Called _____

Attempts to Reach Patient: 1 _____ 2 _____ 3 _____

Post-Discharge Assessment

Patient's Name _____

Phone Number _____ Date of Birth _____

Hospital Discharge Date _____

Primary Care Physician _____

Patient Insurance _____

Pharmacy

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

How have you been feeling since you were discharged from the hospital?

Do you have any questions about your discharge instructions? Yes No

Have you gotten all of your prescriptions filled from the pharmacy? Yes No

Were there any issues getting your medications filled? Yes No If so, identify the issues.

Did you order your prescribed medical supplies? Yes No

Were there any issues ordering your medical supplies? Yes No If so, identify the issues.

Are you taking your medications as instructed? Yes No

Are you having any issues with your medications or side effects? Yes No

We need to schedule your follow-up appointment with Dr. <name>.

Are you able to come in on <first available appointment; date and time>? Yes No

If not, work with patient on a convenient date within 1-2 weeks of discharge.

Follow-up Appointment: Date _____ Time _____

If follow-up labs or other tests are needed prior to seeing the PCP, schedule those now.

Lab/Test _____ Date _____ Time _____

Lab/Test _____ Date _____ Time _____

Have you already scheduled any appointments with other providers? If so, who and when?

Dr. _____ Date _____ Time _____

Dr. _____ Date _____ Time _____

Do you have support at home? Yes No

If so, who is caring for you?

Do you have a visiting nurse or home health aide? Yes No
If so, what is their name and number?

Have you fallen during the past 3 months? Yes No If yes, how many times? _____

Are you able to get to your appointments? Yes No
If not, identify transportation issues and connect with support services.

I look forward to seeing you at your follow-up appointment on <date> at <time>. Please bring all your medications to the visit with you, and please bring <caretaker name> with you so Dr. <primary care physician name> can include them in the discussion about your recovery.