

# HOSPITAL DISCHARGE TO ASSESS FORM

including Home First , Social Care and Intermediate Care

Hospital discharge for medically stable patients who need ongoing clinical or personal support

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|--|---|
| 1. Patient's name:   | <b>EXPECTED CARE NEED</b><br>Home<br>Bed Based  |
| 2. Patient's NHS #:  | 7. NOK's Name and Telephone Number(s):  |
| 4. Patient's DOB:  | 8. Referrer's name and contact details:   |
| 5. Patient's address:<br><br>Postcode:<br><br>Tel (home):<br>Tel (mobile): | 9. TEP and DNAR:<br><br>10. Has the patient been advised of this referral?<br>Is the patient objecting?<br>Does the patient have capacity? (informal assessment)<br>If they do not have capacity have the family been informed?<br><br>11. Date/time of referral: |

## SOURCE OF REFERRAL (i.e. who is referring?)

Date of Admission:

Expected Date of Discharge:

Hospital and Ward:

Reason for admission to hospital:

## LEVEL OF CARE NEEDS IN LAST 24 HRS

**Mobility** (assistance required, aid)

**Transfers** (toilet/bed/chair)

**ADLS** (meal prep, PC)

**Cognition** (normal, severely impaired etc)

**Medication** (list and administration needed etc)

**Pressure Areas** (location, grade, equipment)

**Continence**

**Equipment requirements (including bariatric )?**

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| <b>GENERAL HEALTH</b>   |   |
| <b>Past Medical History:</b>  | <b>Mental Health / Dementia History:</b>  |
| <b>Is this patient medically stable?</b><br><b>What is COVID19 status on referral date?</b><br>(Have they recently been seen by a medical professional) | <b>Palliative?</b> (Palliative team involved, DN, end stage?, rehab potential, pain and symptom management)   |
| <b>Communication difficulties?</b><br>(Speech, visual, hearing, language)   |   |
| <b>SOCIAL HISTORY AND NEW SUPPORT NEEDS</b>   |   |
| <b>What is the current social situation</b><br>(lives alone, warden, family involvement etc)  | <b>New support needs</b><br>(package of care, private care, care provided by family/friend/neighbor, meals on wheels, day centre etc)                         |
| <b>Housing Type</b><br>(Ground floor, stairs to flat/house, bungalow, house with internal stairs etc.)  | <b>Home or bed-based care?</b>  |
| <b>Access to property/Key safe patient to give access</b>   | <b>Likely level of care required?</b>   |
|   | <b>Is heating on ? access to food ?</b>   |
| <b>Other agencies involved</b><br>(Social services, DN, podiatry, falls clinic, Palliative team, voluntary):  |   |
| <b>Existing POC?</b>  |   |
| <b>Are you aware of any safeguarding issues?</b>  | <b>Are there any identified risks for a home visit?</b><br>(pets, family, environment, mental health, criminal Hx, location of property, substance abuse etc) |