

Name: _____ D.O.B. _____ AGE: _____

Date of Admit: _____ Diagnosis/Procedure: _____

Date of Previous Admit: _____ MD: _____

MD's Admission Discharge Plan: Home SNF Other (Please Specify)

Comments: _____

Primary Care: _____

Phone: _____

Admitting Physician: _____

Phone: _____

Other Specialist: (e.g. Cardiologist) _____

Phone: _____

Hospital Name/Tax ID: _____

HEALTH INSURANCE INFORMATION

Primary: _____ ID#: _____ Secondary: _____ ID#: _____

Private/Other: _____

SIGNIFICANT MEDICAL HISTORY

Medications:

Pharmacy of Choice: (Name) _____ (Phone) _____

Prescription given for the following medication (✓) Narcotic: _____ Anticoagulants: _____ Insulin: _____

Digoxin: _____ Aspirin: _____ Other: _____ (Please Specify) Comments: _____

Prior Hospitalizations: readmit in 30 days of ER visits: _____

Medical History: MI Depression Diabetes DVT HF COPD Pneumonia Stroke CA
 Other

RESIDENCE

Single Family Town House Apt/Condo

Number of steps inside/outside home: _____

Single or Multi level

Lives Alone Needs Assistance

Lives with/Relationship: _____

SERVICES NEEDED FOR DISCHARGE

PT OT RN HHA

Include Physician Order and indicate specific service and frequency above)

***Preferred Home Rehabilitation Services**

- 1. _____
- 2. _____
- 3. _____

Other: e.g. (Hospice inpatient/home)

- 1. _____
- 2. _____
- 3. _____

Transportation needs:

Private Ambulance Wheelchair van

Indicate company or person: _____

Contact phone #: _____

Preferred Skilled Nursing Facility

- 1. _____
- 2. _____
- 3. _____

DME Equipment Needs: Purchase Rental

Wheelchair Walker Cane

Bedside commode Shower chair

Preferred Purchase for DME:

- 1. _____
- 2. _____
- 3. _____

Complete information below regarding hospital contact personnel.

_____ **Contact Person Name**

_____ **Title, Phone Number**

**AmeriHealth Caritas District of Columbia
Utilization Management-UM
Customer Service
202-408-4823 or 1-800-408-7510
Discharge Planning Fax
1-855-355-0700**

***Referrals are to be made to participating facilities, providers or Durable Medical Companies. If the provider is non-par, contact AMH Caritas DC at (202) 408-4823 for further assistance or fax 1-855-355-0700**