

Elderly Care Post-Discharge Follow-up Record

Date of Follow-up

Time

Mode of Follow-up

Patient Name

Age

Gender

Address

Contact Number

Emergency Contact

Discharge Diagnosis

Medications

Recent Symptoms/Complaints

Mobility/Activity Level

Vital Signs (if assessed)

Blood Pressure

Heart Rate

Temperature

SpOâ,,

Caregiver/Family Concerns

Follow-up Appointments

Referrals/Recommendations

Staff/Professional Name

Designation

Signature

