

Home Health Care Discharge Summary

Patient Information

Patient Name

Date of Birth

Medical Record #

Address

Phone

Agency Information

Agency Name

Agency Phone

Referral/Ordering Physician

Physician Name

Physician Phone

Admission & Discharge Details

Admission Date

Discharge Date

Reason for Discharge

Diagnosis

Services Provided

Summary of Care / Course of Treatment

Status at Discharge

Discharge Instructions

Follow-Up Appointments / Referrals

Prepared By

Name

Date