# Discharge Plan

Patient name: _____ Date of birth: _____ dd / mm / yyyy

Admission date: _____ dd / mm / yyyy Discharge date: _____ dd / mm / yyyy

Primary diagnosis: _____

## I. ASSESSMENT AND GOALS

I. Assessment and goals

## II. DISCHARGE DESTINATION

II. Discharge destination

## III. MEDICATION MANAGEMENT

III. Medication management

## IV. MEDICAL EQUIPMENT AND SUPPLIES

IV. Medical equipment and supplies

## V. HOME HEALTH SERVICES

V. Home health services

## VI. FOLLOW-UP APPOINTMENTS AND COMMUNICATION

VI. Follow-up appointments and communication

## VII. PATIENT AND CAREGIVER EDUCATION

VII. Patient and caregiver education