

SNF Discharge Summary

Patient Name: _____

DOB: _____ Facility: _____ Date: _____

Date of Admission: _____

Date of Discharge: _____

Final Dx:

Procedures and Therapies: _____

Complications: _____

Consultations: _____

Pertinent History: _____

Significant Lab: _____

Condition on Discharge: _____

Disposition: _____

Discharged to: _____

Diet: _____

Activity: _____

DME: _____

Home Health Services: _____

Lab: _____

F/U apt(s): _____

D/C Meds: _____

Stop prior Meds: _____

Continue Prior Meds: _____

New Meds: _____

Name: _____ Fax to: _____

Contact Info: _____ Charge: _____