MEMORIAL MEDICAL CENTER

ADDRESSOGRAPH

DISCHARGE PLANNING SUMMARY

PATIENT INFORMATION

PATIENT NAME	PARENT /GUARDIAN	D/C DATE	DESTINATION	UNIT PHONE (312)	PRIMARY NURSE
ADDRESS (If Changed Since Admission)	PHONE	DISCHARGE PLANNER EXT.		SOCIAL WORKER EXT.	
ALTERNATE CONTACT	RELATIONSHIP / PHONE	COMMUNITY PHYSICIAN	ADDRESS	PHONE	
ALLERGIES	D/C WT & HT KG CM / D/C HEAD CIRC CM				
SIGNIFICANT LABS					
DIAGNOSIS					

BIRTH DATA

BIRTH WT & HT GM CM	BIRTH HEAD C CM	HEARING EXAM RESULTS DATE
GEST AGE WKS / APGARS	PKU / T4 DATE	EYE EXAM RESULTS DATE
LABS		DEVELOPMENTAL EVAL RESULTS DATE
REFERRAL SOURCE		

TEACHING

VERIFICATION OF DISCHARGE INSTRUCTIONS

NURSING CARE	NURSE	DATE
NUTRITION	CLINICAL DIETICIAN	DATE
THERAPY	THERAPIST	DATE
OTHER		DATE

POST HOSPITAL INSTRUCTIONS

INSTRUCTIONS	✓	MEDICATIONS (Name, Dose, Route, Frequency) ....When Indications/Side Effects Reviewed

DIET ORDERS	SPECIAL ENVIRONMENTAL CONSIDERATIONS? NO/YES - IF YES, EXPLAIN/LIST:	FOLLOW UP APPOINTMENTS DATE / TIME
ACTIVITY / LIMITATIONS / SCHOOL	CAR SAFETY RESTRAINT REVIEWED? YES/NO - IF NO, EXPLAIN:	

WE HAVE REVIEWED THE ABOVE PLAN, UNDERSTAND AND AGREE WITH IT, AND HAVE HAD OUR QUESTIONS ANSWERED

PARENT / GUARDIAN _____ DATE _____ NURSE _____ DATE _____ PHYSICIAN _____ DATE _____

1175 (REV. 2/92)

FORM NO.

SHADED AREAS COMPLETED BY PHYSICIAN

MEDICAL RECORDS