

Interdisciplinary Assessment of Ongoing Discharge Planning Needs

ADDRESSOGRAPH

<u>DISCIPLINE</u>	
C – Chaplain	OT – Occupational Therapy
CC – Care Coordinator	P – Physician
D – Dietitian	PT – Physical Therapy
DE – Diabetes Educator	R – Respiratory Care
N – Nursing	ST – Speech Therapy
NC – Nurse Clinician	SS – Social Services

<u>NEEDS IDENTIFIED</u>	
E – Educational Need	F – Functional Need
N – Nutritional Need	P – Physical Need
PS – Psychosocial Need	SE – Spiritual / Emotional Need
S – Slow progress or failure to progress	
* - Other (detail below)	

DATE	DISCIPLINE	SIGNATURE	NEEDS IDENTIFIED	COMMENTS

D/C Planning Team met _____ Disciplines in Attendance: C CC D DE N NC
 OT P PT R ST SS
 Other: _____

- Patient making progress. Continue current plan of care.
- Additional Discharge Planning / Care Needs Identified:
 - Referral Made to _____
 - Note to Physician re. _____
 - Discussion w/ Patient/Family re. _____
 - Other: _____

Care Coordinator/Social Worker Signature _____

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