Discharge Planning Form

Please print clearly in blue or black ink.

AmeriHealth Caritas Pennsylvania

Provider information	
Primary care practitioner:	Phone number:
Admitting provider:	Phone number:
Other specialist (e.g., cardiologist):	Phone number:
Hospital name or Taxpayer Identification Number (TIN):	

Patient information		
Name:	Date of birth: (MM/DD/YYYY)	Age:
Date of admit:	Diagnosis or procedure:	
Date of most previous admit:	Provider:	
Provider's admission discharge plan: ☐ Home ☐ Skilled nursing facility (SNF) ☐ Other (please specify):		
Comments:		

Health insurance information	
Primary:	ID number:
Secondary:	ID number:
Private or other:	

Significant medical history

Medications

Pharmacy:	Phone number:

Prescription given for the following medication(s):

☐ Narcotic ☐ Anticoagulant ☐ Insulin ☐ Digoxin ☐ Aspirin

☐ Other (please specify):

Comments:

Prior hospitalizations

☐ Readmit within 30 days of emergency room (ER) visits:

Medical history:

☐ Cancer
☐ Chronic obstructive pulmonary disease (COPD)
☐ Deep vein thrombosis
☐ Depression
☐ Diabetes
☐ Heart failure
☐ Mental illness
☐ Pneumonia
☐ Stroke
☐ Other:

Comments:

Residence

☐ Single-family ☐ Townhouse ☐ Apartment or condo ☐ Lives alone ☐ Needs assistance

☐ Single-level ☐ Multiple levels	Number of steps inside/outside home:

☐ Lives with/relationship:

Services needed for discharge (include provider order and indicate frequency)			
☐ Physical therapy	☐ Occupational therapy	☐ Registered nurse	☐ Home health aide

Preferred home rehabilitation services	Preferred SNF
1.	1.
2.	2.
3.	3.

Other (e.g., hospice inpatient or home)	Transportation needs
1.	☐ Private ☐ Ambulance ☐ Wheelchair van
2.	Name of company or person:
3.	Contact phone number:

Durable medical equipment (DME) needs	
☐ Purchase ☐ Rental	
☐ Wheelchair ☐ Bedside commode ☐ Walker ☐ Shower chair ☐ Cane	**Preferred purchase for DME**
	1.
	2.
	3.

Hospital contact personnel	
Contact person name:	
Title:	Phone number:

	DME fax	Home Care Services fax	Inpatient Services fax
AmeriHealth Caritas Pennsylvania	**1-866-755-9841**	**1-866-755-9949**	**Unit 1: 1-866-755-9936**
			Unit 2: 1-855-332-0989
			Unit 3: 1-855-332-0990