

Medical Respite Data

Patient ID _____

Date of Program Entry _____

Date of Hospital Discharge _____

Date of Medical Respite Admission _____

Location of Medical Respite JACH CAARE Other

Please Specify Other Location _____

Reason for Medical Respite

- Pre-procedure prep
- Post-procedure recovery
- Post-surgical recovery
- Medical stabilization
- IV Antibiotics
- Wound Care
- Other

Medical Stabilization New Medical Diagnosis
 Chronic Medical Condition

Please Specify Other Reason for Medical Respite _____

Primary Care Provider Lincoln
 DOC
 Other

Please Specify _____

Specialty Care Needs? Yes No

Type of Specialty Care _____

Plan for Discharge

- Own Place (On Lease)
- Family/Friend House
- Transitional House
- Emergency Shelter
- Dv Shelter
- Car
- Streets
- Woods
- Abandoned Building
- Motel/Hotel
- Hospital
- Jail/Prison
- Other

Hotel/Motel Paid By _____

Please Specify Other Housing _____

Respite Program Completed Yes No

Why was the Respite Program not Completed

- Discharged from Facility
- Eloped/AMA
- Expired
- Relocated from Area
- Re-Hospitalized

Reason Discharged from Facility

- Compliance Issues
- Not Able to Perform ADLs
- Other

Other Reason for Discharge

Date of Medical Respite Discharge

Additional Comments