Hospitalizations Report

Name: ___________________________ Date of Report: ________________
Date of Admission: ______________________

Reason for the hospitalization:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What treatments/interventions did the individual receive during the stay?_________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Date of discharge: _____________________

What follow-up did the Hospital Discharge Plan require? _________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Does a Crisis Prevention/Intervention Plan (aka Medical Emergency Response Plan) need to be revised or developed? Yes/No___________

Has the Hospital’s Discharge Plan been implemented? Yes____ No ____

If no, describe barriers:-
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________