|  |  |  |
| --- | --- | --- |
| **DATE:** | **HOSPITAL CASE MANAGER NAME:** | **PHONE:** |
| [ ]  **Check if High Priority (ie patient unable to appropriately isolate upon discharge)*****Note “High Priority” in the subject line of the email when submitting this form*** |
| **Patient Demographics** |
| **Patient Name** |  | **DATE OF BIRTH**  |
| **Address**  |  | **PHONE** |
| **Language** |  | **NEXT OF KIN / PHONE** |
| **Payer source** |  | **HPSM MEMBER? YES / NO** |
| **covid history** |
| **COURSE** | **Hospital Admit Date:** **Comorbidities:****IMMUNOCOMPROMISED?: YES / NO**(immunocompromised, pregnant, dialysis) | **Admitting Symptoms:** **Resolved? Improving?** |
| **SYMPTOM ONSET** | **Onset Date:**  | **Symptoms at Onset:** |
| **VACCINATION STATUS** | **Vaccine Name:** | **Dose #1 Date:** **Dose #2 Date:** |
| **COVID19 TEST** | **Date(s)/Result(s): CT VALUE:** | **Test Result Attached: YES / NO** |
|  **FEVER-FREE > 24 HRS** | **Last Fever (>100.4F/>38C) Date/Temp:** | **Today’s Temp:** **Last Use of Fever Reducing Rx:** |
| **ISOLATION NEEDS** | **Hospital-Calculated Isolation Period Ends:** | **Understands & able to safely isolate at home?** |
| **discharge plan / Isolation Needs**  |
| **DISCHARGE** |  Medically Cleared ☐Yes ☐No [ ]  Today ☐ Tomorrow [ ]  Pt has already been discharged  |
| **DISCHARGE DESTINATION**  | [ ]  Home (# of Bed/Baths) \_\_\_\_\_\_/\_\_\_\_\_\_ # of persons in home: \_\_\_\_\_\_\_[ ]  SNF, LTC, ARU, Sub-Acute, B & C, ALF (Facility Name & Contact Info) \_\_\_\_\_\_\_\_\_\_\_[ ]  Homeless [ ]  Hotel Placement is Needed  |
| **special needs** | [ ]  Home O2 [ ]  Home Health Service [ ]  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Renal Dialysis (Schedule: Sun Mon Tues Weds Thurs Fri Sat) |
| **vulnerable persons at home** | [ ]  > 65 years of age [ ]  <5 years if age [ ]  Pregnant / < 2 wk Post-Partum[ ]  Immunocompromised [ ]  Heart, Lung or Kidney Dx [ ]  Hospice |
| **TRANSPORTATION** | How is patient being transported? |