

## INITIAL TRANSITIONAL CARE CONTACT

Patient name: \_\_\_\_\_ Date of contact: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Sources of information:

- Patient, family member, or caregiver (Name: \_\_\_\_\_ )
- Hospital discharge summary
- Hospital fax
- List of recent hospitalizations or ED visits
- Other: \_\_\_\_\_

Discharged from: \_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Diagnosis/problem: \_\_\_\_\_

Medication changes:  Yes  No

Medication list updated:  Yes  No

Needs referral or lab:  Yes  No

### Needs follow-up appointment:

- Within seven days of discharge (highly complex visit).
- Within 14 days of discharge (moderately complex visit).

Appointment made for \_\_\_\_ / \_\_\_\_ / \_\_\_\_ with: \_\_\_\_\_

Additional information needed and requested:  Yes  No



**FPM Toolbox** To find more practice resources, visit <https://www.aafp.org/fpm/toolbox>.

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