

PCP FAX Transitional Care Summary SNF to Home

Demographics	Patient Name: _____ DOB: _____ Pre-ADM Care Level in Community: <input type="checkbox"/> Independent Living <input type="checkbox"/> AL/PC <input type="checkbox"/> Other _____ Discharge from: _____ Discharge to: _____ Primary Care Physician Name: _____ Phone: _____ Fax: _____
Clinical Course	Hospitalization: _____ Dates: _____ to _____ Diagnoses: _____ Summary: _____ _____ SNF: _____ Dates: _____ to _____ Diagnoses: _____ Summary: _____ _____ Recent VS Trends BP: _____ HR: _____ Weights: _____ Follow-up Issues: _____ _____ _____
LABS	Recent Labs --or attach-- _____ Most Recent INR: ____ Date: ____
ID	Vax dates if known: Influenza: _____ Pneumococcal: _____ Tetanus: _____ Recent Infections <input type="checkbox"/> MRSA <input type="checkbox"/> C-diff <input type="checkbox"/> VRE Other: _____
MS	<input type="checkbox"/> Alert <input type="checkbox"/> Oriented <input type="checkbox"/> Confused <input type="checkbox"/> Comatose <input type="checkbox"/> Depressed <input type="checkbox"/> Forgetful <input type="checkbox"/> Withdrawn <input type="checkbox"/> Wanderer <input type="checkbox"/> Climbs out of bed <input type="checkbox"/> Follows directions <input type="checkbox"/> Other
Function (ADLs)	Bathing: <input type="checkbox"/> Independent <input type="checkbox"/> Needs assistance <input type="checkbox"/> Dependent Dressing: <input type="checkbox"/> Independent <input type="checkbox"/> Needs assistance <input type="checkbox"/> Dependent Feeding: <input type="checkbox"/> Independent <input type="checkbox"/> Needs assistance <input type="checkbox"/> Dependent Diet: _____ Toileting: <input type="checkbox"/> Independent <input type="checkbox"/> Needs assistance <input type="checkbox"/> Dependent Bowel: _____ Bladder: _____ Transfer: <input type="checkbox"/> Independent <input type="checkbox"/> 1 assist <input type="checkbox"/> 2 assist <input type="checkbox"/> Total lift Ambulation: <input type="checkbox"/> Independent <input type="checkbox"/> 1 assist <input type="checkbox"/> 2 assist <input type="checkbox"/> N/A (does not ambulate) <u>Caregiver Plan:</u> _____
Assistive Devices	<input type="checkbox"/> Cane <input type="checkbox"/> Crutches <input type="checkbox"/> Walker <input type="checkbox"/> Wheelchair <input type="checkbox"/> Prosthesis <input type="checkbox"/> Braces <input type="checkbox"/> Specialty Bed <input type="checkbox"/> Hearing aide(s) <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Glasses <input type="checkbox"/> Dentures <input type="checkbox"/> N/A
	<input type="checkbox"/> POLST <input type="checkbox"/> Advanced directive/ living will <input type="checkbox"/> CPR <input type="checkbox"/> DNR <input type="checkbox"/> Home Care Referral ATTACHMENTS: <input type="checkbox"/> Medication List (required) <input type="checkbox"/> H&P <input type="checkbox"/> Discharge Summary <input type="checkbox"/> List of Referrals and Appointments SNF Physician: _____ SNF Contact: _____



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Guidance:

- The nursing facility discharge is often not completed by the day of discharge and may not reach the PCP in a timely fashion thereby causing a delay in information transfer.
- Many NF discharge summaries lack complete clinical information that the PCP requires to assume care coordination for the patient.
- The PCP Fax Summary ensures timely communication of critical clinical information to the PCP on the day of discharge from the facility.
- The PCP Fax is a collaborative document that is to be completed prior to discharge from the facility. Elements of the form may be completed by the Attending Physician, other providers, and the nursing staff.

Instructions for use:

1. The PCP Fax Summary should be completed and faxed on the day of discharge to the patients PCP—the physician who will be assuming the care of the patient.
2. The Summary should not be faxed prior to the day of transfer as it may be incomplete. It should not be faxed after the day of transfer as the task may be dropped by the nursing facility staff.
3. The name and contact number of the Attending Physician and SNF staff contact person should be written on the form.
4. The form does not require a signature as this would delay its completion.
5. Additional documents such as the medication list, list of referrals, admission history and physical exam, should be faxed along with the form for completeness and to avoid redundancy.
6. Do not provide a copy of the form to the patient in lieu of faxing, as it may not reliably reach the PCP in a timely way, remembering that the PCP may begin to receive phone calls regarding the patient's care as early as the day of discharge.