# YOU ARE LEAVING HOSPITAL FORM - STAFF GUIDE

Instructions on how to complete the form prior to patient discharge



#### **Discharge Date**

Note: the date will assist the patient / carer to identify current instructions and as a reminder of the date when making follow up appointments with GP / referral services

#### **Reason for admission**

Briefly specify reason for this admission

#### **Take Home**

This is provided as a reminder to the patient, but it's a good reminder to ensure that the medication profile or discharge summary information is attached to this document. Cross out any that don't apply in this instance (e.g. own medications returned)

### Access to Closing the Gap medications

This is a community based program and SA Health committed in 2017 to match the support for eligible patients:

- Be an Aboriginal or Torres Strait Islander person
- Have or be at risk of chronic disease
- Be registered for the Closing the Gap (CTG) medicines in your community by your GP, health practitioner, or Aboriginal Health Service (AHS)
- Access your medicines through the Remote Area Aboriginal Health Services (RAAHS) Program – Section 100

#### Rehabilitation

Complete any details that apply At = Location

#### **Treating Medical Team**

Complete information and provide phone number for follow up

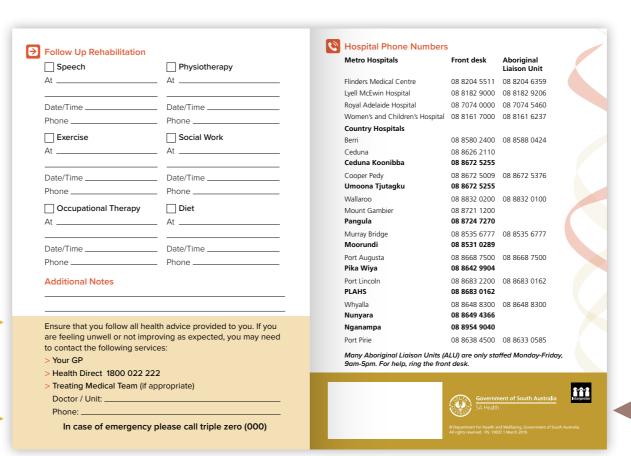
Government of South Australia SA Health	Referrals  You have been referred to the	ne following services to support your
YOU ARE LEAVING HOSPITAL	current needs on discharge.	
UR Number:	Clinic/Doctor	Hospital/Health Centre
Discharge Date:	Date/Time	Date/Time
Has your family been informed you are	Phone	Phone
coming home?	Palliative Care	Aged Care Assessment Tear
Reason for Admission		
	Date/Time	Date/Time
Take Home	Phone	Phone
Discharge Medications	Transitional Care Plan	Home Monitoring (ICCnet/VCCne
Medication Profile / List (attached)		
Discharge Summary (attached)		Date/Time
Belongings / Equipment	Phone	Phone
Own medication returned	☐ Integrated Team Care	Country & Outback Health
Your Discharge Medications	Dato/Timo	Date/Time
Tell hospital staff if you are eligible for Closing the		Phone
Gap medicines in your community as you could receive help with the costs of your medicines.	_	d on Patient Condition and Medical Clearance
Before you leave hospital, make sure you know how to take your medications.	To Stepdown unit	☐ Ambulance ☐ Taxi
If you need help after you go home, take your	To Closest Hospital to Home ☐ Ambulance ☐ Flight	
medications and any paperwork to your GP/Clinic or local Chemist.	<b>To Home</b> ☐ Bus	☐ Flight ☐ Ambulance ☐ Tax
Your GP/Clinic will give you any more prescriptions.	To RACF ☐ Taxi	☐ Ambulance ☐ Flight
If you are worried about your medicines or tablets,	Patient Assistance Transport Scheme (PATS) form signed by Acute Care Specialist	

## Complete any details that apply

Referrals

#### **Transportation Arranged**

Complete any details that apply



#### Blank box

Provide hospital address / contact info – written or stamp