Medical Respite Data

Patient ID ________________________________

Date of Program Entry ________________________________

Date of Hospital Discharge ________________________________

Date of Medical Respite Admission ________________________________

Location of Medical Respite
- JACH
- CAARE
- Other
  Please Specify Other Location ________________________________

Reason for Medical Respite
- Pre-procedure prep
- Post-procedure recovery
- Post-surgical recovery
- Medical stabilization
- IV Antibiotics
- Wound Care
- Other
  New Medical Diagnosis
  Chronic Medical Condition

Medical Stabilization

Please Specify Other Reason for Medical Respite ________________________________

Primary Care Provider
- Lincoln
- DOC
- Other

Please Specify ________________________________

Specialty Care Needs?
- Yes
- No

Type of Specialty Care ________________________________

Plan for Discharge
- Own Place (On Lease)
- Family/Friend House
- Transitional House
- Emergency Shelter
- Dv Shelter
- Car
- Streets
- Woods
- Abandoned Building
- Motel/Hotel
- Hospital
- Jail/Prison
- Other

Hotel/Motel Paid By ________________________________

Please Specify Other Housing ________________________________

Respite Program Completed
- Yes
- No

Why was the Respite Program not Completed
- Discharged from Facility
- Eloped/AMA
- Expired
- Relocated from Area
- Re-Hospitalized
Reason Discharged from Facility

- Compliance Issues
- Not Able to Perform ADLs
- Other

Other Reason for Discharge

Date of Medical Respite Discharge

Additional Comments