

## COMPLEX DISCHARGE PLANNING CASE STUDY

<b>Case Number:</b> _____ (Do not write in this box)	<b>NYS Region:</b> _____	<b>Insurance:</b> _____
<b>LOS (days):</b>	<b>Age:</b>	<b>Level of care:</b>
<b>Presenting problem:</b>	<b>Diagnosis:</b>	<b>Mental status:</b>
<b>Disabilities:</b>		
<b>Housing:</b> (include any environmental concerns)		
<b>Psychosocial support:</b> [include caregiver/significant other(s)]		
<b>Community agencies contact/involved:</b>		
<b>What discharge planning has occurred:</b>		
<b>Barriers to discharge:</b>		
<b>Recommendations:</b>		

**Date case reviewed at Discharge Planning Workgroup meeting:** \_\_\_\_\_

**Content of discussion:**

**Patient outcome summary:**