

Hospital@Home Patient Review

		Verified
Patient Name / Room #		
DOB & Age		
Diagnosis		
PMH applicable		
Address & Phone #		
Insurance		
Family - in home?		
Admission Date to Hospital		
Admitting Physician Group / Service		
Review date for H@H		
Ambulation		
PT eval notes reviewed		
CM notes reviewed / concerns		
Consults ordered & Status		
Vital Signs		

Hospital@Home Patient Review

Oxygen Sat / Supply		
BP		
RR		
HR		
Temp		
Labs:		
Meds		
	If patient is interested	
Meals delivered?		
PT needed?		
IV status		
Support System? Who/Where?		
Type of residence		
Are there any steps into your home? How many?		

Hospital@Home Patient Review

Mobility assist devices used		
Any recent falls?		
Do you take all your prescribed meds?	Yes or No; Comment	
Are you diabetic? Do you use insulin?	Yes or No; Comment	
Do you have Heat, running water, electricity, refrigerator & Microwave?		
Do you have a lower level in our home? Do you need to access this during your stay?		
Do you have any pets? Will you be able to put them up when we are there giving care?		
Do you have firearms in the home and are they safely secured?		