

# Documentation Form: 30 day Follow-up Phone Call

## 30 days post SNF Discharge

Name: \_\_\_\_\_  Patient or  Caregiver

Admit Date \_\_\_\_\_ Discharge Date \_\_\_\_\_ Date of Call \_\_\_\_\_  Refused  Unable to Reach

**Instructions:** Use the following questions and record responses.

1. Since you left the Nursing Home on [discharge date], have you had a visit with your primary care doctor?  
 Yes  No
2. Since you left the Nursing Home, have you been back in the hospital?  
 Yes  No
3. If yes: when you went back to the hospital, did you...  
 Stay in the hospital  Get admitted to the Emergency Room
4. Since you left the Nursing Home, have you been admitted to another Nursing Home?  
 Yes  No
5. What services have you received since you left the Nursing Home? (Check all that apply)  
 Nursing/home health visits  Visit from the ASAP/Elder Services  Community  
 Physical therapy  Other
6. Describe what you will do if a health or medical problem arises  
 Patient confirmed  Further instruction understanding was needed

The next question is about your Nursing Home visit last month, and the **After Nursing Home Care Plan** our team worked on with you, and you took home to support your care at home.

(Further describe the After Nursing Home Care Plan if they're having trouble recalling it)

**\*\*I will read you a sentence and you'll tell me whether you disagree or agree.\*\***

1. When I left the Nursing Home, my **After Nursing Home Care Plan** helped me understand what I was responsible for in managing my health, such as attending follow-up appointments and what medications to take.  
 Strongly Disagree  Disagree  Not sure/Unable to Answer  Agree  Strongly Agree  
 I did not receive an After Nursing Home Care Plan
2. I understood the information that was given to me about how to care for myself at home.  
 Strongly Disagree  Disagree  Not sure/Unable to Answer  Agree  Strongly Agree