



Transition Status Report Checklist

CR Name: _____ Date: ___/___/___ Time: _____ of Discharge

COMPLETION INSTRUCTIONS: During intake keep this form on top of the client's file during the intake process to ensure all steps are completed and logged. When the transitional care manager sends out the "Transition Status Report" it should be photocopied; the original goes in the client's file and a copy goes back to the discharge planner and to be scanned into the TransitionalCareServices.com systems under Clients folder.

Client Name: _____ TC Manager assigned: _____

Filled out by: _____ Date Initiated: _____

| ITEM | DONE | DATE | NOTE |
|---|------|------|------|
| Step 1: Client / Patient | | | |
| Introduction Call or Meeting of Service | | | |
| Transition Intake Ordered and Scheduled | | | |
| Transition Intake Completed | | | |
| Transition Services Agreement Executed | | | |
| Date and Time of Transition Set | | | |
| Transportation Arranged | | | |
| Who is helping when they get home | | | |
| | | | |
| Facilities Discharge Coordinator | | | |
| Plan of Care Received | | | |
| Doctor Orders Received | | | |
| Plan of Care Translated into Care Instructions | | | |
| Medications List and Prescriptions | | | |
| Pick-up any new Medications | | | |
| Medical Supplies and Equipment ordered | | | |
| | | | |
| Caregiver Support (if needed) | | | |
| Preliminary Caregiver Interviews Scheduled | | | |
| Preliminary Caregiver Interviews Completed | | | |
| Caregiver Candidate(s) Selected by Client | | | |
| Caregiver Scheduled | | | |
| | | | |
| Step 2: Home Preparations | | | |
| Home Safety and Aids Check Completed | | | |
| In-home Care Equipment and Supplies Ordered | | | |
| Remove any old Medications | | | |
| Check Refrigerator for expired food | | | |
| Home Cleanliness in order | | | |
| | | | |
| Step 3: Day of Transition | | | |
| Patient and all Personal Items picked up | | | |
| Care Plan Orientation to Patient and Caregivers | | | |
| Caregiver Schedule Established and Set | | | |
| Follow up Appointments set up | | | |
| | | | |
| Quality Assurance Survey | | | |
| | | | |
| Intake Status Report Sent to Facilities Coordinator | | | |