AmeriHealth Caritas
District of Columbia

Discharge Planning Form

Name:	Date of birth:	Age:
Date of admit:	Diagnosis/procedure:	
Date of previous admit:	M.D.:	
M.D.'s admission discharge plan: ☐ Home ☐ Skilled nursing facility ☐ Other (please specify)		
Comments:		

Primary care provider:	Primary care phone:
Admitting physician:	Admitting physician phone:
Other specialist (e.g., cardiologist):	Specialist phone:
Hospital name:	Hospital tax ID:

Health insurance information	
Primary insurer: ID:	Secondary insurer: ID:
Private/other insurance:	

Significant medical history	
Medications:	Pharmacy of choice: Pharmacy phone:
Prescription given for the following medications: ☐ Narcotic ☐ Anticoagulant ☐ Insulin ☐ Digoxin ☐ Aspirin ☐ Other (please specify): Comments:	
Prior hospitalization: ☐ Readmit in 30 days of ER visits:	
Medical history: ☐ Myocardial infarction ☐ Depression ☐ Diabetes ☐ Deep venous thrombosis ☐ Heart failure ☐ COPD ☐ Pneumonia ☐ Stroke ☐ Cancer ☐ Other:	

Residence	
☐ Single family ☐ Townhouse ☐ Apt./condo ☐ Single level ☐ Multilevel: Number of steps inside home: Number of steps outside home:	☐ Lives with other(s); if so, relationship: _____ ☐ Lives alone ☐ Needs assistance

Services needed for discharge
☐ Physical therapist ☐ Occupational therapist ☐ Registered nurse ☐ Home health aide
Include physician order and indicate specific service and frequency.
Preferred home rehabilitation services*:
1.
2.
3.

Preferred skilled nursing facility:
1.
2.
3.

Other: (e.g., hospice inpatient/home):
1.
2.
3.

Transportation needs: ☐ Private ☐ Ambulance ☐ Wheelchair van
Indicate company or person:
Contact phone:

Durable medical equipment (DME) needs ☐ Wheelchair ☐ Walker ☐ Cane ☐ Bedside commode ☐ Shower chair
Preferred purchase for DME:
1.
2.
3.

Complete information below regarding hospital contact personnel.	
Contact person name:	
Contact person title:	Contact person phone:

AmeriHealth Caritas District of Columbia Utilization Management (UM)

Medicaid: **202-408-4823** or **1-800-408-7510**

Healthy DC Plan: **1-888-605-4807 or 1 -800-408-7510**

Discharge Planning fax: **1-855-355-0700**

*Referrals are to be made to participating facilities, providers or Durable Medical Companies. If the provider is non-par, contact AmeriHealth Caritas DC at **202-408-4823** for further assistance or fax **1-855-355-0700**.