Needs	Date	Day__ L	P	O	Date	Day__ L	P	O	Date	Day__ L	P	O	Signature
Nutritional Guidance													Dietician
☐ Diet instructions for patients at Nutritional risk	17/10	O	OD	V	19/10	OD	V		21/10	O	OD	V	Gayatri / RD / Gayatri
☐ Diet advice for home													
Discharge Planning													Nurse / Doctor
☐ Self care													
☐ Follow up													
☐ Reporting concerns													
☐ Immunizations													
☐ Parenting education													
☐ Others													
Risk Factor Reduction													Nurse / Doctor
☐ Smoking cessation													
☐ Weight control													
☐ Exercise													
☐ Hypertension													
☐ Other risks													

LEARNER (L) - P - Patient, M - Mother, F - Father, S - Spouse other_____ (State Relationship)

PROCESS (P) - OD - Oral Discussion, D - Demonstration, W - Written Material

OUTCOME (O) - RD - Return Demonstration, V - Verbalized Understanding

Written material given and explained (if any):

Reports Given:

	Given	Pending	NA		Given	Pending	NA
Discharge Summary	_____	_____	_____	Diet Advice	_____	_____	_____
ECG Report	_____	_____	_____	CT Scan Report	_____	_____	_____
Doppler Report	_____	_____	_____	CT Scan Film	_____	_____	_____
X-Ray Report	_____	_____	_____	ECHO Report	_____	_____	_____
X-Ray Film	_____	_____	_____	Ultrasound Report	_____	_____	_____
Compact Disc	_____	_____	_____	Any other report	_____	_____	_____

Name of Attendant / Patient _____ Signature _____

Name of Discharge Nurse: _____ Emp ID: _____ Signature _____

Name of Doctor_____ Emp ID: _____ Signature _____