

Needs	Date	Day__			Date	Day__			Date	Day__			Signature
		L	P	O		L	P	O		L	P	O	
Nutritional Guidance												Dietician	
<input type="checkbox"/> Diet instructions for patients at Nutritional risk	10/11	O	P	V	12/11	O	P	V				Adelle A. Kelly	
<input type="checkbox"/> Diet advice for home													
Discharge Planning												Nurse / Doctor	
<input checked="" type="checkbox"/> Self care									P	OD	V	[Signature]	
<input checked="" type="checkbox"/> Follow up									P	OD	V		
<input type="checkbox"/> Reporting concerns													
<input type="checkbox"/> Immunizations													
<input type="checkbox"/> Parenting education													
<input type="checkbox"/> Others													
Risk Factor Reduction												Nurse / Doctor	
<input type="checkbox"/> Smoking cessation													
<input type="checkbox"/> Weight control													
<input type="checkbox"/> Exercise													
<input type="checkbox"/> Hypertension													
<input type="checkbox"/> 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 Pourima Tawale Signature [Signature]
Name of Discharge Nurse: Nolomen Emp ID: 13488 Signature [Signature]
Name of Doctor Dr. Nader Emp ID: CUA Signature [Signature]