Post-Discharge Follow-Up Log





POST-DISCHARGE FOLLOW-UP LOG

Resident Name:		Phone:	Discharge Location: Home Acute Care SNF ALF			MR#:
			Date and Time:			
Schedule	Date/Time	Person Contacted	No Answer	Left Message	Status Update Comments and Actions Taken	Facility Representative Signature
Day 1 after discharge						
Day 3 after discharge						
Day 7 after discharge						
Day 10 after discharge						
Day 14 after discharge						
Day 21 after discharge						
Day 28 after discharge						



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