**DC Summary Template**

Primary Diagnosis at Time of Discharge: **Enter primary diagnosis code and description listed in diagnosis groupings at time of discharge (REMOE bold section AFTER READING)**

Reason for Discharge: **Goals met/not met with reason, patient refused services/further care, non-compliance, safety concerns (REMOVE bold section AFTER READING)**

Discharge Disposition: **Care Setting (home, ALF, SNF, Rehab, hospitalized), any community resources assisting patient in the home (meals on wheels, homemaker/aide services). (REMOVE bold section AFTER READING)**

Follow-Up Required: **Outpatient services, ongoing skilled intervention (lab work, wound care), supply needs, follow-up appointments, patient/CG independent in HEP/wound care/BG monitoring/management of disease process, etc. (REMOVE bold section AFTER READING)**

Summary of Care Provided: **In narrative form, describe the care that was provided in the 60 day certification period, including progress towards goals (REMOVE bold section AFTER READING)**

Updated Medication list left in home

Recent Lab Results (if applicable): **(REMOVE IF NA)**

Discharge Summary Sent to: **PCP, Other physicians/clinics responsible for providing care after HHA discharge (type physician names AND PHONE NUMBERS) (REMOVE bold section AFTER READING)**