

# Post-Discharge Follow-Up Log

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**PATHWAY  
HEALTH**  
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## POST-DISCHARGE FOLLOW-UP LOG

<b>Resident Name:</b>		<b>Phone:</b>	<b>Discharge Location:</b> <input type="checkbox"/> Home <input type="checkbox"/> Acute Care <input type="checkbox"/> SNF <input type="checkbox"/> ALF <input type="checkbox"/> Other:			<b>MR#:</b>
			<b>Date and Time:</b>			
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						

