

Hospitalizations Report

Name: _____ Date of Report: _____

Date of Admission: _____

Reason for the hospitalization:

What treatments/interventions did the individual receive during the stay? _____

Date of discharge: _____

What follow-up did the Hospital Discharge Plan require? _____

Does a Crisis Prevention/Intervention Plan (aka Medical Emergency Response Plan) need to be revised or developed? Yes/No _____

Has the Hospital's Discharge Plan been implemented? Yes ____ No ____

If no, describe barriers:-
