Community Care

Please send complete				HECKLIST Processing a	=	reCP@nychhc.org	
Patient Name Last, First:				Ü	MRN:		
Primary Diagnosis:			Gend	er:	Height:	Weight:	
Past Medical History:			Dialy	Dialysis Schedule/Location:			
Isolation Precau	itions and Re	ason:	Orien	tation:			
Airborne	Droplet	Contact	А	lert and Orier	ited	Confused	
COVID+	PUI		D	elirious			
Behavioral Health History		History of Suicide Agg		Aggressiv	essive or unpredictable behavior		
Independent with ADLS		Able to stand at sink		Able to step into bathtub			
Able to feed self	Able t	o take medica	ations indepe	endently			
Medication List: strips, and lancets. Allergies:			•			pens, syringes, test h frequency.	
Special Devices	:						
Tracheostom	y Oxygo	en Life	e Vest	Bi-Pap	PEG Tube/	G-Tube	
Regular Wound Care :	Vegetarian	Kosher	Diabeti	c Low	Sodium	Renal	
Surgical Wou Drains:	nd Woun	d VAC	Ostomy	Pressure I	njury and st	age	
Foley Cathete Ambulate Ind Mobility Status:	ependently	cal Drains	Nephros	tomy/Uroston	ny T-	Tube	
Assistive device cane/walker Name of Person Completing Form:			/heelchair bound Bedbound Contact Phone #:				
Barrier Identified fo	r Discharge a	nd Reason I	Patient does	not meet cr	iteria for Ho	otel Transfer	



Community Care

NON-EPIC SCREENING TOOL

Please send completed checklist to Community Care Central Processing at: CommCareCP@nychhc.org

Name:		DOB:				
Medical History:						
Behavioral Health History COVID Status:	History of Suicide Reported COVID:	Aggressive or unpredictable behavior Confirmed via Lab:				
Social Needs in the Comm	unity:					
Mobility Status:						
Independent with ADLS:						
Able to stand at sink and step into bathtub:						
Medication List:						
Able to administer medications Independently:						
Who is PCP:						
Last Community Access:						