

## CHECK-OFF AT THE TIME OF DISPOSITION

Patient name: \_\_\_\_\_ Number: \_\_\_\_\_  
Patient admitted? \_\_\_\_\_ Unit: \_\_\_\_\_  
Admitting Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Consultant: \_\_\_\_\_ Phone: \_\_\_\_\_

### IF ADMITTED

Is a copy of *The Standard* with the chart? YES | NO  
Does the admitting physician have the consultant's contact information? YES | NO  
Is there a written order for the specialist to follow the patient in-house? YES | NO  
Does the admitting physician have a copy of *Avoiding Pitfalls*? YES | NO  
Does the ICU staff have a copy of *Avoiding Pitfalls*? YES | NO  
Does the patient have a copy of *Patient Education*? YES | NO

### IF DISCHARGED

Does the patient have a copy of *Information for Patient Upon Discharge*, including follow-up office visit instructions? YES | NO  
Has the patient read or had read to them the above *Information for Patient*? YES | NO  
Is a copy signed by the patient included in the chart? YES | NO

Staff Signature: \_\_\_\_\_