

Care Transition Communication Form

Surgical Preparation – Home Safety

Patient Name: _____ DOB: _____ Date of surgery: _____

- Evaluation only
- Evaluation and HEP follow-up

Equipment Recommendations:

- Rolling walker
- Crutches
- Straight cane
- Raised toilet seat
- Tub seat
- Grab bar
- Commode

Home Set-up:

- Number of stairs (entrance) _____
- Number of stair (living space) _____
- Safe stair railings
- Environmental clutter
- Caregiver support
- Potential Barriers: _____

Exercise/Endurance Status:

- HEP created and executed
 - Duration of HEP pre-op: _____
- No HEP
- TUG: _____ (score)

Conclusion:

- Home Recovery an option – Reason: _____
- Home Recovery may not be best option – Reason: _____

Comments: _____

Completed By: _____ Contact Phone Number: _____

MD: _____ Fax: _____