CONTRA COSTA HEALTH SERVICES

Contra Costa County COVID Hospital Discharge Form

Please E-mail this template to cocohelp@cchealth.org within 1-2 days for anticipated discharges, and you will be contacted within 1 business day. The email needs to be ENCRYPTED with this template attached.
You may also call 925-313-6740, 7 days a week, 8am-4:30pm if more urgent concerns.

For home isolation and home quarantine: https://www.coronavirus.cchealth.org/for-covid-19-patients.

Contra Costa Health Orders isolation and quarantine which can be found on: https://www.coronavirus.cchealth.org/health-orders

PATIENT INFORMATION	
Patient Name:	DOB:
Patient Address:	Patient Phone Number:
Primary Care Physician:_____ PCP Phone Number:_____ Pharmacy:_____	Next of Kin:_____ Relationship:_____ PhoneNumber: _____
Deceased? ☐ Yes ☐No **Please include discharge or death note and H/P if patient has died while hospitalized**	

HOSPITAL INFORMATION
Hospital Name:
Hospital Contact Name & Phone Number:
Hospitalist/ Attending name & Phone Number:

HOSPITAL COURSE & DISCHARGE INFORMATION	
Date of Admission:	Date of Positive COVID Test:
Chief Complaint (*Primary Symptom*):	Date of Onset of Symptom:
Initial Symptom/s & if they are resolved or improving:	
Last fever (>100.4F or >38 C) Date:	Last date/time Antipyretic given (i.e. Tylenol):
Is the patient stable? ☐ Yes ☐ No	Does the patient need Hemodialysis? ☐ Yes ☐ No
Did Patient spend time in ICU? ☐ Yes ☐ No	
Does the patient need: ☐ H***ome O2,*** ☐ ***Wound Vac*** ☐ ***IV Antibiotic Tx*** ☐ ***Home Health Service*** ☐ ***Skilled Nursing Facility? Please describe:***	

HOME/LIVING SITUATION	
Where will the patient be discharged? ☐ Home ☐ SNF ☐ LTC ☐ ARU ☐ Sub-Acute ☐ B & C ☐ ALF	
Is patient Homeless? ☐ Yes ☐ No	Is patient in need of alternative housing: ☐ Yes ☐ No
At Home is there a separate bedroom available? ☐ Yes ☐ No	Separate bathroom? Is patient Able to self-isolate safely? ☐ Yes ☐ No
Are there any vulnerable people living with the patient? (>65 y/o, young children, conditions, or those needing home health/hospice etc)	

PLEASE NOTE: No clearance or follow up needed if patient can isolate at home safely & patient has been given isolation instructions for home isolation