

Discharge Planning Checklist

HOSPITAL/MEDICAL CENTER



REFER ONLINE: www.pmsionline.com PHONE: 877.ASK.PMSI FAX: 800.774.4111

Patient:	SS#:	Claim#:
Address:	City:	State: Zip: Ph:
Height:	Weight:	Institution:
DOI:	Dx:	Discharge Date:
Case Manager:	Ph:	Fax:
Discharge Planner:	Ph:	Fax:
PMSI Rep:	PMSI Rep Ext:	

SUPPLIES	MONTHLY QUANTITY	SUPPLIES	MONTHLY QUANTITY
Total Knee Replacement/Knee Repair/Knee Injury			
Home Health Care		Tub transfer (bench/shower)	
CPM		Chair	
Cold therapy unit		Sock aid	
Front-wheeled walker		Reacher	
Crutches		Knee brace	
3-in-1 commode			
Raised toilet seat			
Herniated Disc/Lumbar Laminectomy			
Home Health Care		3-in-1 commode	
Hospital bed rental		Raised toilet seat with arms	
Wheelchair rental		Shower chair	
Front-wheeled walker		Grab bars	
Cane		Sock aid	
Back brace		Long shoe horn	
TENS unit		Reacher	
Lower Extremity Fractures—Patella, Ankle, Tibia, Fibula, Femur, Calcaneus			
Home Health Care		Transfer bench and board	
CPM		3-in-1 commode	
Hospital bed rental		Wheelchair rental	
Trapeze rental		Front-wheeled walker	
Shoulder Injury/Rotator Cuff Repair			
Home Health Care		Ultra sling and shoulder immobilizer	
CPM		Cold therapy unit	
General Needs			
Home Health Care		3-in-1 commode	
Hospital bed rental		Transfer bench/shower chair/transfer board	
Reclining wheelchair rental		Sock aid	
Wheelchair cushion		Reacher	
Front-wheeled walker			

Auth. Dr:	Address:
City:	State: Zip: Ph: Fax:
Employer/Location:	
Carrier:	Carrier Code: Ph:
Adjuster:	Ph: Fax:
Billing Address:	City: State: Zip:
Ship-to Address:	City: State: Zip:
Ship-to Phone:	Date Needed:
Authorized By:	Title: Ph: Date: