Government of Saskatchewan

Home Care Discharge

District _____ District # _____

Client Name _____
Surname Given Name Initial

Saskatchewan Health Services Number _____ _____ File Reference Code _____

Out of Province Health Number _____ Discharge Date _____ _____ _____
Year Month Day

Check the Appropriate Category

Reason for Discharge (Select one)	**Alternative Arrangements** (Leave blank if client deceased)
1 ☐ Deceased	1 ☐ Acute care hospital stay
2 ☐ Moved out of district	2 ☐ Special-care home or Level 4 in hospital
3 ☐ Client refused further services	3 ☐ Other care home (approved, private, group, etc.)
4 ☐ Care needs beyond capacity of Home Care	4 ☐ Self/Family Care
5 ☐ Functional improvement or recovery	5 ☐ Other
6 ☐ Support system improved	
7 ☐ Other	

_____
Assessment Committee Member