



Please Fax to ****

ECHO Care Transitions Intake Form

Date of Presentation:

ECHO Patient ID#:

Skilled Nursing Facility:

SNF Presenter Name:

1) What issues/concerns do you have about the transition from *hospital* to your facility? Please describe below.

None

Medication related (specify):

Treatment related (specify):

Other (specify):

2) Do you have any medical or treatment-related concerns that have occurred since you admitted the patient that you would like to discuss? Please describe below.

3) Is there an anticipated Discharge Date? Yes No If Yes, When?

4) What concerns do you have for this patient as they transition from your facility back to home? Please describe below.