

Patient Readmission Assessment Questionnaire

Patient's Name: _____

Date: _____ Time _____

Encounter Number: _____

Did the patient follow-up with their physician after their last hospitalization?	
Did the patient follow all their discharge plans from their last admission?	
Did the patient take all medication(s) that were prescribed to them after their last discharge? If not, Why?	
Does the patient have any regular, illnesses, signs or symptoms?	
What medications is the patient taking and what are they for? Such as, heart, kidneys, stomach etc...	
What type of foods does the patient regularly eat for; breakfast, snacks, lunch and suppers? Does the patient follow any special diet or fluid restrictions?	
Does the patient weigh themselves daily? If so, what was their last weight?	
Why was the patient readmitted to the hospital?	
Is there anything the patient feels they could have done differently to prevent their readmission?	
Are there any tools or resources the patient needs more of?	
What is the patient's support system?	
Barriers Identified:	

Assesment Completed By:

Signature: _____ Date: _____ Time: _____



PT.

MR./P.M.

DR.