FULL RANGE HEALTH SERVICES®
Your Life. Your Goals. Your Way.

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SOC CHECKLIST

- ☐ 8 pages filled out, signed and dated appropriately.
  - Email to Sara Marano at sara.marano@fullrangehealth.org
- ☐ Complete an accurate medication list
- ☐ Fill out patient calendar accordingly
- ☐ Review page 8 of Patient Handbook, circle #2, Review page 13 with Administrator name and address, and page 21 with RHH office address
- ☐ Call MD office to verify SOC and medications

DISCHARGE CHECKLIST

- ☐ **HHCCN**- sign and date on final visit, check second box- PT
- ☐ **HHCCN**- sign and date on final visit, check second box- OT
- ☐ **Discharge instructions**- sign and date on final visit- PT
- ☐ **Discharge instructions**- sign and date on final visit- OT
- ☐ **Notice of Non-Medicare Coverage**- completed by last discipline doing final discharge, must be dated at least 48-hours in advance, hopefully previous visit prior to discharge.