

**Chronic Obstructive Pulmonary Disease (COPD) Hospital Discharge  
Care and Coordination Report**



Today's date: \_\_\_\_\_

Patient name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Hospital discharge date: \_\_\_\_\_

Primary diagnosis: \_\_\_\_\_

Medications at discharge: \_\_\_\_\_

<b>Referrals scheduled for follow-up:</b>	<b>Referral</b>	<b>Date</b>
	<input type="checkbox"/> Pulmonary rehabilitation	_____
	<input type="checkbox"/> Pulmonary function	_____
	<input type="checkbox"/> Home health visit	_____

To: \_\_\_\_\_  
Primary care/referring physician

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Your patient was discharged on the above date with the primary diagnosis of chronic obstructive pulmonary disease (COPD). This information is being sent to you for your review and inclusion in the patient's medical record.

The treatment plan and discharge instructions are attached.

Comments: \_\_\_\_\_  
\_\_\_\_\_

Upon discharge, your patient was given the following appointment:

Dr. \_\_\_\_\_, primary health care professional or specialist

Date and time: \_\_\_\_\_ (within 14 days) for further management of their pulmonary condition.

Additional appointments and recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Respectfully submitted,

\_\_\_\_\_  
(Discharging health care professional signature)

Printed name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

cc: \_\_\_\_\_

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