

**Cardiac Care Hospital Discharge
Continuity and Coordination Report**



Today's date

Patient name: _____ Date of birth: _____

Emergency department visit date: _____

Dx: _____

Medications at discharge: _____

To: _____
(Primary Care/Referring Physician)

Address: _____

Phone: _____

Fax: _____

Your patient was discharged on the above date for a cardiac condition. This information is being sent to you for your review and inclusion in the patient's medical record.

The treatment plan and discharging 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 cardiac condition.

Recommendations: _____

Respectfully submitted,

(Discharging health care professional signature)

Printed Name: _____ Phone: _____

Address: _____

CC: _____