

District _____ District #

Client Name _____
Surname Given Name Initial

Saskatchewan Health Services Number File Reference Code

Out of Province Health Number _____ Discharge Date
Year Month Day

Check the Appropriate Category

Reason for Discharge	Alternative Arrangements
(Select one)	(Leave blank if client deceased)
1 <input type="checkbox"/> Deceased	1 <input type="checkbox"/> Acute care hospital stay
2 <input type="checkbox"/> Moved out of district	2 <input type="checkbox"/> Special-care home or Level 4 in hospital
3 <input type="checkbox"/> Client refused further services	3 <input type="checkbox"/> Other care home (approved, private, group, etc.)
4 <input type="checkbox"/> Care needs beyond capacity of Home Care	4 <input type="checkbox"/> Self/Family Care
5 <input type="checkbox"/> Functional improvement or recovery	5 <input type="checkbox"/> Other
6 <input type="checkbox"/> Support system improved	
7 <input type="checkbox"/> Other	

Assessment Committee Member