Appendix C: Patient Tracker Sheet

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Day of the Week | Date | Patient Code and Date of birth | Direct Admission | Physician | Therapy | Time of Arrival | Length of stay | Room Number | Date of discharge | Disposition (Home etc.) | Discharge phone call given (Yes or no) | Name of staff | SuccessfulYes or No |
| Sunday |  |  | Y/N |  |  |  |  |  |  |  |  |  |  |
| Monday |  |  | Y/N |  |  |  |  |  |  |  |  |  |  |
| Tuesday |  |  | Y/N |  |  |  |  |  |  |  |  |  |  |
| Wednesday |  |  | Y/N |  |  |  |  |  |  |  |  |  |  |
| Thursday |  |  | Y/N |  |  |  |  |  |  |  |  |  |  |
| Friday |  |  | Y/N |  |  |  |  |  |  |  |  |  |  |
| Saturday |  |  | Y/N |  |  |  |  |  |  |  |  |  |  |