



COMPLEX DISCHARGE SCREENING TOOL

Emergency Department

Is this client struggling at home and / or is in need of CCAC support

- ☐ **No, patient does not foreseeably require CCAC support**
- ☐ **Yes, continue with the screening tool.**

**1. Inadequate supports or caregiver burnout/
fatigue?**

Yes ☐ No ☐

**2. Difficulty walking/transferring with current
supports or has had a/fall in the last month?**

Yes ☐ No ☐

**3. Frequent visits to the ED or frequent
admissions to Hospital?**

Yes ☐ No ☐

**4. Patient is unable to complete basic daily
tasks without assistance (ADL's)?**

Yes ☐ No ☐

**5. Other concerns that could delay patient
discharge once medically stable. (e.g. social,
housing, or safety)**

Yes ☐ No ☐

COMMENTS: _____

Form Completed By (Please Print): _____

Date: _____ Time: _____

Please place form in the Orange basket on the Clerk's desk.

ED CM Pager# 13964

March 13, 2012