



Medical Facility Communication Sheet

Discharge information:

Patient was seen and is being discharged from: _____
MEDICAL FACILITY

Contact name: _____

Contact phone number: _____ Fax number: _____

Transfer information:

***NOTE: To discharge to shelter, the client must meet the criteria of being sent to shelter, as outlined by Medical Social Services Department Practice Guideline Number 1.9.*

Client is being sent to _____ at _____ AM/PM
SHELTER/RESOURCE CENTER EXACT TIME

Client is being sent by: MAP van Taxi Other _____

Discharge instructions (to be filled out by medical provider) Please check all that apply:

- Please allow daytime bed rest (Rest & Recline Program) if available for ____ days.
- Client is still contagious. Client should be in private room if possible, and needs to wear a mask when in public spaces until _____.
- Client has a follow up appointment on _____ at _____.
- Client needs to call for a follow up appointment at _____ clinic.
- Client has an (please circle) electronic / written prescription that needs to be filled at _____ pharmacy.

SF Shelter and Resource Center Fax Information:

Next Door 292-2174
Hospitality House 749-2136
Providence 642-0156
Mission Neighborhood 241-9758
St. Joseph's Family 550-4479

MSC South 597-7946
Dolores Street 282-2826
Lark Inn 749-2967
United Council 822-3436
Compass Family 644-0380

ESC Sanctuary 487-3729
A Woman's Place 703-9657
150 Otis 577-6033
Hamilton Family 292-9951
Connecting Point 442-5138