



Patient: _____

Before I leave the care facility, the following tasks should be completed:

- I have been involved in decisions about what will take place after I leave the facility.
- My doctor or nurse has answered my most important questions prior to leaving the facility.
- I understand where I am going after I leave this facility and what will happen to me once I arrive.
- I have the name and phone number of a person I should contact if a problem arises during my transfer.



- I understand what my medications are, how to obtain them and how to take them.
- I understand the potential side effects of my medications and whom I should call if I experience them.
- I understand what symptoms I need to watch out for and whom to call should I notice them.
- I understand how to keep my health problems from becoming worse.



- My family or someone close to me knows that I am coming home, is available to care for me and knows what I will need once I leave the facility.
- If I am going directly home, I have scheduled a follow-up appointment with my doctor, and I have transportation to this appointment.
- I have what I need at home (medication, equipment, home modifications).

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I was in the hospital because:



If I have the following problems...



My next appointments:

With _____
 Address _____
 Date/Time _____ Phone _____

With _____
 Address _____
 Date/Time _____ Phone _____

With _____
 Address _____
 Date/Time _____ Phone _____



Important contact information:

My primary doctor
 Name _____ Phone _____

My hospital doctor
 Name _____ Phone _____

My hospital nurse
 Name _____ Phone _____

Patient: _____ Date: _____

Dates of hospitalization: _____

I should:

Things to talk to my doctor about at my next visit:

My care coordinator/care manager
 Name _____ Phone _____

My visiting nurse or home health care provider
 Name _____ Phone _____

My pharmacy
 Name _____ Phone _____

Patient: _____

Last updated: _____

Note what the medication does. For example: **lowers blood pressure** or **for pain relief**

Include any special instructions for the medication, such as **take with food** or **stop taking on 1/14**

Use the grid below to write down the amount you take in each time slot (for example, 1 in the morning and 1 1/2 at bedtime).



My daily medications list:

Name	What it does	How to take	Amount to take and when to take			
			Morning	Noon	Evening	Bedtime

As-needed medications:

Name	What it does	How to take	How much and how often