



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:

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If I have the following problems...

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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:

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

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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