

DISCHARGE PREPARATION CHECKLIST

Review this list often during your stay and mark each item off when done. This will help you prepare for a safe discharge.

ITEM	√
1. I understand my health problems.	
2. I know who my primary care doctor is.	
3. I know what problems to watch for and who to call if things get worse.	
4. I understand ways to keep my health from getting worse.	
5. I understand what my medicines are for.	
6. I know how to take my medicine and what possible side effects to look for and report to my doctor.	
7. I have a way to get my medicine for use at home.	
8. I have the name and number of a person I can call if I have questions or problems after my discharge. Name: _____ Number: _____	
9. I have written discharge instructions that I understand.	
10. Someone I trust knows that I am coming home and what I will need when I leave the facility.	
11. I know what doctors I will need to see when I go home.	
12. I have a follow up appointment with my primary doctor within a week of my discharge and I have a way to get there.	
13. I have been involved in decisions about my discharge and agree that the plan will meet my care needs.	
14. My most important questions have been answered before my discharge.	

Notes: _____

