

DISCHARGE PLANNING TOOL

- Do you have friends or family members who will be helping you after your discharge or who you want involved in the discharge planning process?

Name(s): _____

Contact Information: _____

- Do you have a strong preference regarding where you will go after you discharged? Please make notes below on where and why.

- There are a number of common concerns hospitalized individuals have about being discharged, please put a tic next the ones that apply so the you can remember to speak to the discharge planner about them:

___ I have pets

___ I need help being transferred and I weigh _____ lbs.

___ I have work/school obligations

___ I have parenting/family caregiving obligations

___ I will need medical support (e.g. injections, wound care)

___ I do not think I can do the following alone:

___ Cooking, shopping, driving, paying bills

___ Bathing, dressing, using the restroom

___ Transferring, moving

___ Physical/speech therapy exercises

- These are my medications/vitamins/supplements (include dosage) that I was taking before I was admitted.

(Ask medical team if you should make any modifications/discontinue any medications after you are discharged)