



Leaving hospital checklist



Name _____



Ward _____



Arrival date _____



Discharge date _____



Doctor _____



GP _____



I was in hospital for:



Health conditions:



Allergies:



Symptoms to watch out for:



What should I do:

Leaving Hospital Checklist



Leaving hospital checklist

Where am I going: _____



Home



Hospital



Care home

How I am I getting there: _____



Lift



Ambulance



Taxi

Who will support me at home: _____



Family



Friends



Carer



Nurse

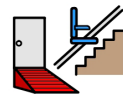
What equipment will I need: _____



Breathing



Toilet/Bath/Shower



Home modifications



Mobility



Communication

Other:

Leaving Hospital Checklist



Leaving hospital checklist

Important contacts:



GP:



Phone number:



Specialist doctor:



Phone number:



Specialist nurse:



Phone number:



District nurse:



Phone number:



Care team:



Phone number:



Pharmacy:



Phone number:

Other:

Leaving Hospital Checklist



Leaving hospital checklist

Referrals: _____



Physio



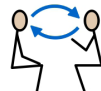
Social worker



Dietician



SALT



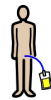
Counselling

Other:

I need help with: _____



PEG tube



Catheter



Mobility



Swallowing



Diet

Other:

Leaving Hospital Checklist



Appointments



Appointment with:



Phone number:



Date:



Time:



Address:



Appointment with:



Phone number:



Date:



Time:



Address:



Appointment with:



Phone number:



Date:



Time:



Address:

Leaving Hospital Checklist



Medication



Medication:



What it helps:



How to take:



Dosage:



Morning



Afternoon



Evening



Night



Side effects:



Medication:



What it helps:



How to take:



Dosage:



Morning



Afternoon



Evening



Night



Side effects:
