Patient's Name:	
Room Number:	

Your Voice Matters: Going Home from the Hospital

We want to hear your thoughts and concerns. Please think about these questions below.

• What concerns do you have about leaving the hospital?

Provider initial

Provider initial

• What will be the hardest part of taking care of yourself?

Will you have any support from family or friends? What can they help you with? Would you like us to talk to them?

Provider initial

- Do you have any worries about:
 - o getting your new medications from the pharmacy?
 - o getting to your follow-up doctor's appointment(s)?

Provider initial

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BRGV version

Understanding Your Health

We want to give you all the information you need. To make sure we have explained things clearly, please think about these questions. We would like to go over them together before you leave the hospital.

• If you had to explain why you were in the hospital (name and describe the medical problem), what would you say?

• What are some warning signs to watch for once you leave the hospital?

What are some things you can do to stay as healthy as possible? (i.e., nutrition, physical therapy, other)

• What can we explain better? (i.e., medicines, diet, wound care, special equipment)