

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

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

Provider initial

- 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:
 - getting your new medications from the pharmacy?

 - getting to your follow-up doctor's appointment(s)?

Provider initial

