APPENDIX A: 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 that 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)