COMMENTS:	



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Everyone has questions about their care. We want to make sure all of your questions are answered before you leave. Here are some questions you may have. Tell us what matters most to you. Place a check in the "yes" box in each row that you have questions. Share with your nurse or social worker to get answers and support. If you have questions that aren't listed here, use the comments space for additional notes.



Let us know if you would like a care partner with you when we talk about your questions. If yes:
Care Partner Name:
Phone Number:

I AM CONCERNED ABOUT	YES	NO	COMMENTS		
Follow-Up Medical Care					
Having all the information I need when I leave					
Follow-up care after leaving					
Scheduling follow-up appointments and/or tests					
Who to call with questions or concerns					
How I will get to my doctor's follow-up appointment					
Whether I will need home nursing, therapists, nutritionists					
The type of medical equipment I will need (e.g., walker, crutches, insulin pump, oxygen)					
Managing my wound care					
Paying for the care I need					
Medicines					
Which medicines I should take at home					
When to take my medicines					
Taking my medicines as prescribed (e.g., swallowing)					
Understanding the side effects of my medicines					
Paying for my medicines					
Getting my medicines from the pharmacy					
Activities of Daily Living					
Getting help with personal care (e.g., bathing, dressing)					
Cooking meals					
Getting help with grocery shopping					
Using medical equipment, changing a bandage, or giving an injection					
Care Partner					
How my family or other caregivers will help me when I am at home					
How my family or other caregivers will manage my illness					
Losing contact with friends and family, and feeling isolated or left behind					
Culture					
I am concerned about my care preferences being considered.					