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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.			