

My Care Plan: MY QUESTIONS

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.		

COMMENTS: __

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