



# 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
<b>Follow-Up Medical Care</b>			
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			
<b>Medicines</b>			
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			

