COMMENTS:	





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## My Home Health Care Plan: MY QUESTIONS

Everyone has questions about their care. We want to make sure all of your questions are answered. 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 caregiver or farmly member
with you when we talk about your questions. If yes:
Caregiver/Family Member Name:
Phone Number:

I AM CONCERNED ABOUT	YES	NO	COMMENTS		
Follow-Up Medical Care					
Having all the information I need when Home Health ends					
Follow-up care					
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					
The type of medical equipment I still need (e.g., walker, crutches, insulin pump, oxygen) or contact for my medical equipment provider					
Paying for the additional care/services I may need					
Medicines					
Which medicines I should take					
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					
Who Do I Call With Questions About My Medications					
Primary Care Physician:		Phone Number:			
Pharmacy Provider:		Phone Number:			
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					
Caregiver/Family Member					
How my family or other caregivers will help me after Home Health ends					
How my family or other caregivers will manage my illness					
Maintaining contact with friends and family, and feeling isolated or left behind					