

# Taking Care of Myself:

## A Guide for When I Leave the Hospital



~When you leave the hospital, there are a lot of things you need to know and to do to take care of yourself.~

- see your doctor
- take your medications
- keep up your activity as directed by your doctor
- eat healthy food
- know whom to call with questions, concerns or problems

~The information in this folder will help you keep track of all the things you need to know and do to take care of yourself at home.~

My Name: \_\_\_\_\_

If I have questions or problems, I should call: \_\_\_\_\_

*If I have serious health problems, I should call: 911 or return to the E.R.*

If I have questions about my discharge instructions, I should call:  
Discharge Coordinator: \_\_\_\_\_

|   |                          |
|---|--------------------------|
| <b>Appointment Date:</b>  | <b>Appointment Time:</b> |
| <b>Doctor:</b>  | <b>Reason for visit:</b> |
| <p>Questions I may have for my doctor...</p> <p>I have questions about my medications: _____</p> <p>_____</p> <p>I have questions about my pain: _____</p> <p>_____</p> <p>I have questions about my test results: _____</p> <p>_____</p> <p>Any other questions or concerns I have: _____</p> <p>_____</p> |                          |

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|---|--------------------------|
| <b>Appointment Date:</b>  | <b>Appointment Time:</b> |
| <b>Doctor:</b>  | <b>Reason for visit:</b> |
| <p>Questions I may have for my doctor...</p> <p>I have questions about my medications: _____</p> <p>_____</p> <p>I have questions about my pain: _____</p> <p>_____</p> <p>I have questions about my test results: _____</p> <p>_____</p> <p>Any other questions or concerns I have: _____</p> <p>_____</p> |                          |

|   |                          |
|---|--------------------------|
| <b>Appointment Date:</b>  | <b>Appointment Time:</b> |
| <b>Doctor:</b>  | <b>Reason for visit:</b> |
| <p>Questions I may have for my doctor...</p> <p>I have questions about my medications: _____</p> <p>_____</p> <p>I have questions about my pain: _____</p> <p>_____</p> <p>I have questions about my test results: _____</p> <p>_____</p> <p>Any other questions or concerns I have: _____</p> <p>_____</p> |                          |

|   |                  |
|---|------------------|
| <b>Out Patient Test/Procedures/Labs:<br/>(Type)</b> |                  |
| <b>Date:</b> <b>Time:</b>                           | <b>Location:</b> |
| <p>Questions I may have:</p>                        |                  |

|   |                  |
|---|------------------|
| <b>Out Patient Test/Procedures/Labs:<br/>(Type)</b> |                  |
| <b>Date:</b> <b>Time:</b>                           | <b>Location:</b> |
| <p>Questions I may have:</p>                        |                  |

|  |                      |
|--|----------------------|
| <input type="checkbox"/> <b>Out Patient Physical Therapy</b><br><input type="checkbox"/> <b>Cardiac Rehabilitation</b> | <b>Phone Number:</b> |
| <b>Date:</b> <b>Time:</b>  |                      |
| <b>Location:</b>   |                      |
| <p>Questions I may have:</p>   |                      |

I was admitted to the hospital because of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**My allergies are:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Keep a current list of your medications with you at all times. Make sure your doctors know all medications you are taking. Update your list of medications every time there are changes made. This is VERY important to help healthcare professionals safely take care of you.**

Notes: \_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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