project BOOST
Better Outcomes for Older adults through Safe Transitions

Patient PASS: A Transition Record

Patient Preparation to Address Situations (after discharge) Successfully

I was in the hospital because _____

If I have the following problems ...

1. _____
   _____
2. _____
   _____
3. _____
   _____
4. _____
   _____
5. _____
   _____

I should ...

1. _____
   _____
2. _____
   _____
3. _____
   _____
4. _____
   _____
5. _____
   _____

My appointments:

1. _____
   On: __/__/___ at __:__ am/pm
   For: _____
2. _____
   On: __/__/___ at __:__ am/pm For:
   _____
3. _____
   On: __/__/___ at __:__ am/pm
   For: _____
4. _____
   On: __/__/___ at __:__ am/pm
   For: _____

Tests and issues I need to talk with my doctor(s) about at my clinic visit:

1. _____
   _____
2. _____
   _____
3. _____
   _____
4. _____
   _____
5. _____
   _____

Important contact information:

1. My primary doctor:
   _____
   (____) _____
2. My hospital doctor:
   _____
   (____) _____
3. My visiting nurse:
   _____
   (____) _____
4. My pharmacy: _____
   (____) _____
5. Other: _____
   _____

I understand my treatment plan. I feel able and willing to participate actively in my care:

_____
Patient/Caregiver Signature

_____
Provider Signature

____/____/_____
Date

Other instructions: 1. _____
2. _____
3. _____