

Patient Name  
Sticker Here

# We care about you and your needs.

You and your family are part of our health care team and it is important for you to have a say in decisions affecting you. This will help us plan your discharge better.

Please read the following, **check the boxes** that apply to you, and give this to your nurse.

## Medications

I may need help:

- Paying for my prescriptions
- I need somebody to drive me to a pharmacy so I can pick up my prescriptions
  - I would like to use the pharmacy at Sacred Heart 474-3088/7-6 weekdays/9-5 weekends
  - New prescriptions ready in approximately 2 hours
- I don't understand how to take my medicine at home

I may need information on available resources to help me pay for:

- My hospital stay
- My housing, electricity, food
- My equipment, oxygen, assistance at home

## Equipment

I may need help obtaining:

- Equipment
- Walker or cane
- Wheelchair
- Bed
- Bathroom aids
- Oxygen or other breathing equipment
- Safety equipment – changing your home to meet your medical needs

## Transportation

I may need help getting:

- a ride home upon discharge
- a ride to my doctor appointments
- a ride to my other medical visits or therapy

## Financial

## Home

I may need help with:

- Stairs, location of bed and bathroom access
- Ability to move around, walk, move from bed to chair, to bathroom
- Personal help for bathroom, bathing, dressing, personal care
- Cooking meals
- Getting groceries
- Housekeeping
- Pets

**Who will help you or provide care at home?**

\_\_\_\_\_

Home Health Care Agency: \_\_\_\_\_

**How much help/care can family or friends provide?**

# of Hours per Day: \_\_\_\_\_ # of Hours per Week: \_\_\_\_\_