

's After Hospital Plan

I came to hospital on: _____

I left the hospital on: _____

I came to hospital because I: _____

We diagnosed you with: _____

I was cared for by: _____



Appointments I have to go to

Go See:

Reason:

On:

Booked:

☐ Yes



Location:

☐ Patient to call

Go See:

Reason:

On:

Booked:

☐ Yes



Location:

☐ Patient to call

Go See:

Reason:

On:

Booked:

☐ Yes



Location:

☐ Patient to call



How I might feel and what to

If I feel like this:	I should do this:	Go to the Emergency if:



Changes to my routine

Activity (e.g. diet, gait aids, falls prevention)	Change:



Resources and Contact Information


For help with:	Call/go to:	Phone Number/Website:

Education provided by: _____

Staff initials: _____

Patient initials: _____

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My **NOTES:**