

## APPENDIX A: DISCHARGE PLANNING TOOL

- Do you have friends or family members who will be helping you after your discharge or who you want involved in the discharge planning process?

Name(s): \_\_\_\_\_

Contact Information: \_\_\_\_\_

- Do you have a strong preference regarding where you will go after you discharged? Please make notes below on where and why.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- There are a number of common concerns hospitalized individuals have about being discharged, please put a tic next the ones that apply so that you can remember to speak to the discharge planner about them:

\_\_\_ I have pets

\_\_\_ I need help being transferred and I weigh \_\_\_\_\_ lbs.

\_\_\_ I have work/school obligations

\_\_\_ I have parenting/family caregiving obligations

\_\_\_ I will need medical support (e.g. injections, wound care)

\_\_\_ I do not think I can do the following alone:

\_\_\_ Cooking, shopping, driving, paying bills

\_\_\_ Bathing, dressing, using the restroom

\_\_\_ Transferring, moving

\_\_\_ Physical/speech therapy exercises

- These are my medications/vitamins/supplements (include dosage) that I was taking before I was admitted.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(Ask medical team if you should make any modifications/discontinue any medications after you are discharged)**