



To use this guide you should:

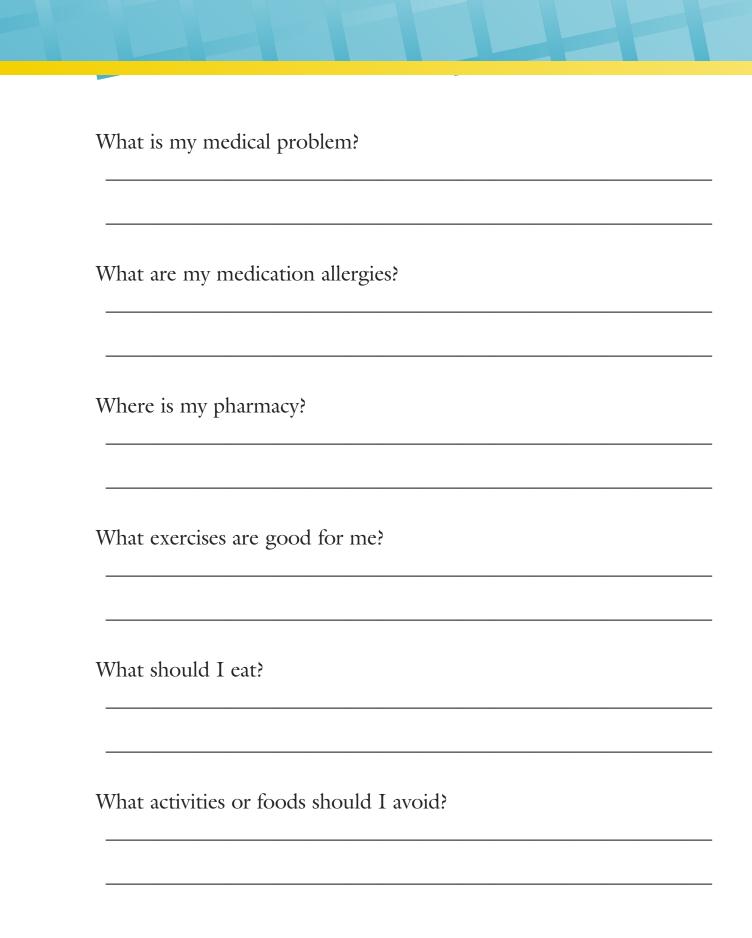
- Talk with the hospital staff about each of the items that are listed in the guide.
- Take the completed guide home with you. It will help you to take care of yourself when you go home.
- Share the guide with your family members and others who want to help you. The guide will help them know how to help take care of you.
- Bring the guide to all of your doctor appointments so the doctor knows what you have been doing to care for yourself since you left the hospital.

This guide is adapted from *Project Re-Engineered Discharge (RED)*, which was funded by AHRQ and conducted by Brian Jack, M.D., and colleagues at Boston University Medical Center. Additional tools for implementing Project RED are currently being developed.

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 do to take care of yourself. You need to see your doctor, take your medicines, exercise, eat healthy foods, and know whom to call with questions or problems. This guide helps you keep track of all the things you need to do.

My name:
When I'm leaving the hospital
If I have questions or problems, I should call:
Phone number:
If I have a serious health problem, I should call:
Phone number:
Bring this plan to all your medical appointments.





Morning Medicines				
Why am I taking this medicine?	How much do I take?	How do I take this medicine?		



Afternoon Medicines				
Medicine name (generic and name brand) and amount	Why am I taking this medicine?	How much do I take?	How do I take this medicine?	



Evening Medicines				
Medicine name (generic and name brand) and amount	Why am I taking this medicine?	How much do I take?	How do I take this medicine?	



Bedtime Medicines				
Medicine name (generic and name brand) and amount	Why am I taking this medicine?	How much do I take?	How do I take this medicine?	



What other medicines can I take?

	Medicine name and amount	How much do I take?	How do I take this medicine?
If I need medicine for a headache			
If I need medicine to stop smoking			
If I need medicine for			
If I need medicine for			
If I need medicine for			
If I need medicine for			
If I need medicine for			
If I need medicine for			

Day	Date	
Time		
Doctor's name	Specialty	
Address		
Reason for appointment		
Doctor's phone number		
Questions for my appointm	nent	
Check any of the boxes below an discuss with your doctor.	d write notes to remember what to	
I have questions about:		
☐ My medicines		
☐ My test results		
☐ My pain		
☐ Feeling stressed		
Other questions or concerns		

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☐ My test results	
□ My pain	
☐ Feeling stressed	
Other questions or concerns	

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Notes about my medical problem

