LIST RECENT HOSPITAL & NURSING HOME STAYS

| Date Admitted | Date Discharged | |
|---------------|-----------------|--|
| Reason | | |
| | | |
| Date Admitted | Date Discharged | |
| Reason | | |
| | | |
| Date Admitted | Date Discharged | |
| Reason | | |

Do you have an Advance Directive (a document that states your preference for care if you can not speak for yourself)?

> Yes No

MEDICAL HISTORY

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PATIENT TAKE HOME INSTRUCTIONS/CARE PLAN

| SIGNIFICANT PROBLEMS |
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| CARE COORDINATION |
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WARNING SIGNS AND SYMPTOMS

| If you experience any of the following, call the Transitional Care team. If it is life-threatening, call 911: | | |
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KNOW YOUR MEDICATION

Update your medication list, with all medications, vitamins and herbal formulas. Show it to your doctor. Ask the nurse what medications you should take when you leave the hospital.

YOUR INFORMATION

| Name: |
|----------------|
| Address: |
| Home Phone: () |
| Birth Date: |

IMPORTANT CONTACTS

| Caregiver/Family | |
|------------------------------------|--|
| Phone Number | |
| Specialist | |
| Phone Number | |
| Specialist | |
| Phone Number | |
| Pharmacy | |
| Phone Number | |
| Home Health | |
| Phone Number | |
| Durable Medical Equipment (DME) | |
| Phone Number | |
| | |

YOUR TRANSITION HOME

This record is to help you manage your transition from a skilled nursing facility to home. If you need help filling out this form, please ask a staff member.

| If you have questions or concerns, call your doctor: |
|---|
| Doctor: |
| Phone: () |
| Your Nurse Practitioner: |
| Phone: () |
| Or call SCAN Health Plan toll-free 1-800-247-5091 TTY: 711 Monday-Friday, 8 A.M.—5 P.M. |

REMEMBER!

Bring these items to your next doctor's appointment:

- ✓ Your hospital discharge instructions
- ✓ All old and new medications, including over-the-counter and herbals
- ✓ Five Wishes, durable power of attorney form



M295 7/17