

AHCP Template for Manual Creation: English-Speaking Patients

**** Bring this Plan to ALL Appointments****

After Hospital Care Plan for: [patient name]


Discharge Date: [discharge date]

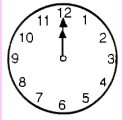
Question or Problem about this Packet? Call your Discharge Educator: (xxx) xxx-xxxx DE
PHOTO HERE



Serious health problem? Call Dr. _____: (xxx) xxx-xxxx PCP PHOTO HERE

EACH DAY follow this schedule:

MEDICINES

What time of day do I take this medicine?	Why am I taking this medicine?	Medicine name Amount	How many do I take?	How do I take this medicine?
 Morning				

What time of day do I take this medicine?	Why am I taking this medicine?	Medicine name Amount	How many do I take?	How do I take this medicine?
 Morning				
 Noon				

What time of day do I take this medicine?	Why am I taking this medicine?	Medicine name Amount	How many do I take?	How do I take this medicine?
 Evening				
 Bedtime				
Only if you need it for				
Only if you need it for				

**** Bring this Plan to ALL Appointments****

[Insert Patient Name]

What is my main medical problem?

[Insert Primary diagnosis]

When are my appointments?

Date/time of appt		
Provider name		
Provider site information		
Reason for appt		
Provider phone number		

What exercises are good for me?

Default (if applicable):

[Walking is a very healthy form of exercise. Please do your best to walk for at least 20 minutes everyday.]

What should I eat?

Default (if applicable):

[Eating food that is low in fat and low in cholesterol will help you stay healthy.]

What are my medicine allergies?

REMEMBER you are allergic to [list medicine allergies].

Where is my pharmacy?

[Insert pharmacy name, location, contact information]

{If applicable, include:}

TRY TO QUIT SMOKING: call [contact information]

Questions / Concerns

For my appointment with
[PCP Name]

Check the box and write notes to remember what to talk about with Dr. [PCP name]

I have questions about:

- My medicines _____
- My pain _____
- Feeling stressed _____

What other questions do you have? _____

Dr. [PCP Name]:

When I left the hospital, results from some tests were not available. Please check for results of these tests: **[List tests done]**

- I am having trouble with the stairs in my house.
- Someone I live with smokes.
- I feel stressed or overwhelmed.
- I am having trouble getting food.
- There are other things going on in my life that are affecting my health.