

Important Information About Your Care After You Leave the Hospital



Continuing treatment after a hospitalization is a very important part of your care. Studies have shown when you continue treatment very soon after you leave the hospital, your results may be better.

Making an aftercare plan:

- ◆ Your first aftercare visit should be scheduled within seven (7) days after you leave the hospital with a doctor or therapist of your choice.
- ◆ If you have special needs that will hinder your going to your aftercare appointments, such as lack of transportation, tell the discharge planners at the hospital so that they may assist you in making arrangements that will help you attend your appointment(s).
- ◆ The hospital staff can help you find doctor(s) or therapist(s) for aftercare.
- ◆ It's important that you be an active part of your discharge treatment planning.

Keeping your appointment:

- ◆ Make sure you attend all your scheduled aftercare appointments.
- ◆ Be sure to write down all of your questions, so you can ask them during your appointments

What you need to do:

- ◆ Be sure to write down your appointment date(s) and time(s).
- ◆ Write down the name of the doctor and/or therapist you will be seeing.
- ◆ Check to see if you have the correct telephone number and address of the doctor and/or therapist.
- ◆ If appropriate, let your family know about your aftercare appointment and get them involved.
- ◆ If you need to arrange transportation, remember to schedule early to make sure you make your appointment on time.

Primary Care/Family Physician:

- ◆ It is important that your Primary Care/Family Physician receives information about your hospital stay. Your written consent is needed to coordinate this care so please be sure to ask your aftercare provider about coordinating your care with your Primary Care /Family Physician.

**** The second page of this form can be used to write down your appointment information ****

After Care Appointment Information:

<p style="text-align: center;"><u>Your Health Plan Information:</u></p> <p>Name of Health Plan: _____</p> <p>Contract Number: _____</p>	<p style="text-align: center;"><u>Your Primary Care Provider Information:</u></p> <p>Primary Care Provider: _____</p> <p>Phone Number: _____</p>
<p style="text-align: center;"><u>Doctor Appointment Date, Time & Phone Number:</u></p> <p>Doctor Date & Time: _____ _____</p> <p>Phone Number : _____</p>	<p style="text-align: center;"><u>Doctor Address and Directions:</u></p> <p>Doctor Office Address: _____</p> <p>Directions to Office: _____ _____</p>
<p style="text-align: center;"><u>Therapist/Clinic Appointment Date, Time & Phone Number</u></p> <p>Therapist Date & Time: _____ _____</p> <p>Phone Number: _____</p>	<p style="text-align: center;"><u>Therapist/Clinic Address and Directions:</u></p> <p>Therapist/Clinic Address _____</p> <p>Directions to Office/Clinic: _____ _____</p>
<p style="text-align: center;"><u>Your Support System</u></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p>	<p style="text-align: center;"><u>List Your Barriers to Attending Aftercare Appointment</u></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p>
<p style="text-align: center;"><u>Your Safety Plan: If Symptoms Re-occur</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;"><u>List Your Current Medications</u></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p>