

Hospital Discharge Checklist for Caregivers

Form A: Leaving the hospital checklist

Category	Fill in here	Notes
Hospital info	Floor: Department:	
Attending physician	Number: Pager:	
Attending pharmacist	Number: Extension:	
Attending nurse	Number: Extension:	
Follow-up appointments setup:	Who: Date:	
Follow-up care instructions:	Who:	
Discharge prescription:	When the last dose given: Changes made:	
Lab/test results:		

Form B: Arriving at the pharmacy checklist

Category	Fill in here	Notes
Give prescription and Form A to pharmacist		
Any discrepancies between discharge Rx and previous taking medication regimen?	Pharmacist to double check:	
If there are changes: are they reasonable?	Pharmacist's opinion:	
Consider compliance pack?	Yes No	
Did pharmacist need to contact hospital for clarification?	Yes No Reason:	
Next refill date:		

Important contacts list

Emergency Contact: _____	Phone:	Power of Attorney: _____	Phone:
Family Doctor: Dr. _____	Phone:	Bank/financial planner: _____	Phone:
Specialist: Dr. _____	Phone:	Lawyer: _____	Phone:
Pharmacy: _____	Phone:	Accountant: _____	Phone: