## 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    Morning |  |  |  |  |
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| http://www.artvogt.com/Images/MGconcept03.jpgBedtime |  |  |  |  |
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| 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 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 effecting my health.

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]**

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