

## Recovery & Support

### 1. Upon discharge from the hospital, where will you be going? Be sure to tell the staff which you prefer.

- Rehabilitation Facility     Skilled Nursing Facility / Nursing Home     Assisted Living Facility     Home

Rehab Name: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Name: \_\_\_\_\_

What is your living situation?

How long is your expected stay?

How long is your expected stay?

Do you require more help than the facility can accommodate?

- Yes     No

- I live with my spouse  
 I live with a family member  
 I live alone

### 2. Once you're home, will you have any of the following services? Please check all that apply.

- Visiting Nurse (VNA)     Physical Therapy (PT)     Occupational Therapy (OT)     Medical Equipment

Association Name:

PT Name:

OT Name:

Will you be sent home with medical equipment?

Telephone No.

How long will you have services?

How long will you have services?

- Yes     No

If **YES**, continue below and see item #3 on page 3...

- Elder Services / ASAPs

- Meals on Wheels (MOW)

- Laundry Service

Has the request for the medical equipment you need been submitted?

- Yes     No

ASAP Name:

MOW Through (ASAP Name):

Company Name:

If **YES**, when will it be delivered or when/where can you pick up what you need?

What kind of services do you need?

How many hours per week do you need?

If **NO**, who will arrange for this?

- Healthcare Provider  
 Discharge Planner  
 Social Worker  
 You/family member

Case Manager Name:

### 3. What kind of additional help do you require and/or what kind of help would you like as you recover?

- Personal Care (*assistance with all non-medical needs like bathing, toileting etc.*)  
 Homemaking (*assistance with light housekeeping, laundry, meal preparation and shopping*)  
 Companionship (*someone who will check in on you and spend time with you playing games, taking walks etc.*)  
 Nursing Case Management / Skilled Nursing (*assistance with medication management, home care oversight etc.*)  
 Respite Care (*temporary relief for family or friends who may be helping to care for you during your recovery*)  
 Chore / In-Home Modifications (*assistance with installing grab bars in showers, handicap ramps, moving furniture & beyond*)  
 24 hour assisted living in your own home (*this is a great option for those who live alone as this offers 24/7 care*)

**A home healthcare agency, like ABC Home Healthcare Professionals, can help you with all of the above! Be sure to arrange support ahead of time so that services can begin immediately when you arrive at home**

4. Are you taking any of the following medications or undergoing any of the following? Please check all that apply and indicate the name of the medication(s) in the space provided below.

Anti-Convulsive Medication

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Diabetes-related Medication

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Blood Thinners

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Pain Medication

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Anxiety Medication / Anti-Depressants

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Anti-Inflammatory Medication

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Chemotherapy

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Other

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5. Do you take or will you be taking any additional vitamins and/or supplements?

Yes (please list them in the space below)

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No

6. Do you have any follow-up medical appointments? If so, use the space below to note the date, time and location of these appointments.

DATE	TIME	LOCATION	PROVIDER NAME

## For Family Members & Caregivers

### 1. Do you have any questions about the items on this checklist?

- Yes (please list them in the space below and ask a staff member)

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- No

### 2. Are the discharge instructions clear and easy to follow?

- Yes
- No (in the space provided below, write down anything that you need clarification on so that you remember to ask)

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### 3. If your loved one is being sent home with medical equipment, consider the following...

- A. Do you understand why they are being sent home with the equipment and when it needs to be used?  
 Yes       No
- B. Do you understand how to use the equipment?  
 Yes       No
- C. Were you given instructions that you can refer to if you/your loved one forgets how to use the equipment?  
 Yes       No

*If you have answered "no" to any of the above, be sure to address this with a staff member at the hospital or facility where your loved one is being discharged from!*

### 4. As far as medications...

- a. Are you aware of all medications that have been prescribed to your loved one?  
 Yes       No
- b. Do you know why each medication was prescribed?  
 Yes       No
- c. Do you understand the dosage and frequency for each medication?  
 Yes       No
- d. Are you aware of the side effects for each medication?  
 Yes       No

*If you answered "no" to any of the above, ask the hospital or facility your loved one is being discharged from for a medication list which should contain this information.*

**5. If your loved one is returning home, is the house safe for them to go home to? Consider the following...**

- Does the home need to be made handicap accessible if it wasn't before?  
 Yes     No
- Should grab bars be installed in bathrooms to help make bathing easier for your loved one?  
 Yes     No
- Are stairs an issue? Is there a need for a stair lift or can you move an upstairs bedroom to the first floor?  
 Yes     No
- Is the furniture arranged in such a way that it is easy for your loved one to mobilize without hitting potential road blocks?  
 Yes     No
- Are the floors and rugs free from any lifting and buckling that could potentially pose as a hazard?  
 Yes     No

***ABC Home Healthcare Professionals offers an in-home modification service whereby a licensed contractor and their team of chore workers can help you with ensuring that the home is safely set-up for your loved one to return home!***

***Call us today at 781-245-1880 and see how our in-home modification team can help with your needs!***

**6. Can you provide your loved one with the help that he/she needs as they recover?**

- Yes     No



What kind of help do you need when it comes to taking care of your loved one?

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When you're not around, are there any tasks that you think your loved one will need help with such as personal care, homemaking & meal prep, medication management etc?

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What kind of help would you be most interested in learning more about and/or which care option do you think would be most beneficial for you & your loved one? Check all that apply.

- Companionship
- Homemaking
- Personal Care / Home Health Aide
- Medication Management
- Respite Care
- 24 hour assisted living at home

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**ABC Home Healthcare Professionals**  **Committed to Life at Home**

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