



Patient PASS

Patient Preparation to Address Situations (after discharge) Successfully

I was in the hospital because _____

If I have the following problems ...

I should ...

1. _____

2. _____

3. _____

4. _____

5. _____

1. _____

2. _____

3. _____

4. _____

5. _____

Important contact information:

1. My primary doctor:

(____) _____
2. My hospital doctor:

(____) _____
3. My visiting nurse:

(____) _____
4. My pharmacy:

(____) _____
5. Other:

My appointments:

1. _____
On: __/__/__ at __:__ am/pm
For: _____
2. _____
On: __/__/__ at __:__ am/pm
For: _____
3. _____
On: __/__/__ at __:__ am/pm
For: _____
4. _____
On: __/__/__ at __:__ am/pm
For: _____

Tests and issues I need to talk with my doctor(s) about at my clinic visit:

1. _____

2. _____

3. _____

4. _____

5. _____

I understand my treatment plan.
I feel able and willing to
participate actively in my care:

Patient/Caregiver Signature

Provider Signature

____/____/____
Date