

Summary guide for my binder information and discharge

I was admitted on this date _____ to the 5th floor of Parkwood to the

- Geriatric Rehabilitation Unit (GRU) or the
 Musculoskeletal Unit (MSK)

I came here because _____

I am leaving on this date _____

I will be picked up at this time _____ by _____

- a family caregiver (name) _____
 Voyager Paratransit Home at last service
 Public Transportation Other _____



My medications

My discharge medication list has been reviewed with me and is located in the Medications section of my binder Yes

I need to see my family physician for prescription refills within 2 weeks

- Yes I received a flu shot while I was here Date received: _____

My medications will be in:

- bottles blister packs box/dosette

Prescription faxed: yes no

Prescription to be: delivered picked up



Medication reminders

My discharge prescription is my most updated list of medications







Return all other medications I have at home to my community pharmacist

Talk to my family physician/nurse practitioner or pharmacist first if:

- I have questions or concerns about my medications
- I take other over-the-counter medications

Who to contact for information after I am discharged

Worried or have questions about:

-  My medications or how to take them, call my Pharmacist
Pharmacy name and number _____
-  Any health concern or changes, or to review your medications needs, call my family physician or nurse practitioner
Name and number: _____
-  The home care services I am receiving or if I am having challenges managing at home, call Home and Community Care
I can call directly, no referral is needed. 1-800-811-5146
-  Information about other services or resources
 -  Call London Middlesex Community Support Services Central Intake 519-673-6617 (One Number)
 -  See the Community Resources section of my care resource binder

How I might expect to feel

It is common to continue to feel physical and emotional changes

Notice something new or getting worse?

- call my family physician or nurse practitioner



Call 911 if you experience sudden changes such as:

- dizziness or weakness causing loss of balance
- new headache – severe, worst headache of my life
- suicidal thoughts
- chest pain
- new severe pain when walking especially if I fell recently
- alarmingly high fever

Health related appointments I have to go to

I need to see my family physician or nurse practitioner within 2 weeks of leaving Parkwood to renew my prescriptions and to review the changes I have experienced.

Date of this appointment: _____

No family physician? Call Health Care Connect at 1-800-445-1822

- My follow up **hospital medical** appointments have been reviewed with me and has been place in the Appointments section of my binder

Other appointments I may have made are located in the Appointment section of my binder

Changes to my routine

✓ Services my team has recommended for me

- My list of recommended services and information is located in the Services and Equipment section of my care resource binder
- Home and Community Care - services provided in my home after discharge
 - My care plan has been reviewed with me by someone from this service and is in the Services and Equipment section of my binder

✓ Equipment my team recommended I use

- My list of recommended equipment and who is making arrangements for it is located in the Services and Equipment section of my care resource binder

Changes to my routine

✓ **For my continued rehabilitation**

Home Programs have been reviewed with me and placed in the Education section of my binder for

Physiotherapy Occupational Therapy _____

Geriatric Day Hospital at Parkwood referral (519) 685-4000 ext 42270

Letter with the date and time of my first appointment is in the Discharge section of my binder or it will be mailed to me

OR

Other outpatient services I have been referred to:

University Hospital outpatient physiotherapy services (519) 663-3503

Strathroy Hospital outpatient physiotherapy (519) 246-5901

Other _____ phone number _____

Notes:

Education materials have been reviewed with me and placed in the Education and Community resources section of my binder

Yes, this discharge summary has been reviewed with me

Yes, I had the opportunity to ask questions

Patient or family caregiver signature _____ Date: _____