

**McLaren Print System Order**

**Order No: 55281**  
**Order Date: 2020-07-09**  
**User: Lori Pidick**  
**Phone: 810-989-3320**

**Ship Location: McLaren Port Huron**  
**1221 Pine Grove Avenue**  
**Port Huron, MI 48060**

**Forms**

**Quantity: 100**  
**Paragon Dept No: 6005**  
**Dept Name: Materials Management**  
**Company Number: 480**

**Order Total Price: 16.70**

**Item Number: PH-372**  
**Item Description: DISCHARGE PREP CHECKLIST Form (Port Huron)**  
**Revision Date: 3/20**  
**Print: 1 sided full color**  
**Paper: 70# White Text**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish: None**  
**Drill: None**  
**Misc Info: ss; color; 70# White text**



**Discharge Preparation Checklist**  
*We Care About Your Care*



Before I leave the care facility, the following tasks must be completed:

- I participated in decisions about the plan after I leave the hospital.
- I understand why I was in the hospital and symptoms to watch for when I get home.
- My most important questions were answered by my health care team.
- I have important contact numbers should a problem occur after I leave.
- I understand my medications and any changes.
- I know who to call if I have medication side effects.
- I am able to get the medications I need and have a plan to manage my medication schedule at home.
- A family member or someone I have identified to help care for me knows when I am coming home and what I will need.
- I understand the follow-up appointment(s) I need to schedule or that have been scheduled on my behalf and have a way to get there.
- I understand equipment I will need at home and how I will get it.

**Spec Info: Deliver to Receiving Dock**