

Parents



### Patient PASS Patient Preparation to Address Situations (after discharge) Successfully

<p>1. If I have the following problems ...</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p>	<p>because _____</p>	<p>I should ...</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p>	<p>Important contact information:</p> <p>1. My primary doctor: _____</p> <p>2. My hospital doctor: _____</p> <p>3. My visiting nurse: _____</p> <p>4. My pharmacy: _____</p> <p>5. Other: _____</p>
<p>My appointments:</p> <p>1. On: ___/___/___ at ___:___ am/pm For: _____</p> <p>2. On: ___/___/___ at ___:___ am/pm For: _____</p> <p>3. On: ___/___/___ at ___:___ am/pm For: _____</p> <p>4. On: ___/___/___ at ___:___ am/pm For: _____</p>	<p>Tests and issues I need to talk with my doctor(s) about at my clinic visit:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p>	<p>I understand my treatment plan. I feel able and willing to participate actively in my care:</p> <p>_____ Patient/Family/Caregiver Signature</p> <p>_____ Provider Signature</p> <p>_____ Date</p>	
<p>Other instructions: 1. _____</p> <p>2. _____</p> <p>3. _____</p>			

Appendix M:  
Patient PASS: A Transition Record and Discharge Patient Education Tool (DPET)