

## Patient PASS: A Transition Record

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

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