



# Leaving Hospital Checklist



This is a checklist to help you prepare for leaving hospital. This checklist is yours for you to keep. Please use this to record important information about preparing you for leaving hospital. You can also use this to assist you with questions that you may want to ask staff. It can also help you to share information with people that are important to you so they can help you prepare for discharge as well.

My discharge date is:

Expected Date:

Confirmed Date:

Hospital staff have said I am ready to be discharged

☐

What needs to happen, so that I can be discharged?



When I leave hospital I will be going to:

☐ My Home Address

☐ Respite Care

☐ Friends Address

☐ Family Address

☐ Short Term Placement

☐ Other



Details:

I will leave hospital by:

☐ Public Transport

☐ Ambulance

☐ Taxi

☐ Family Member

☐ Spouse / Partner

☐ Friend

☐ Driving Myself

☐ Other



Details:

**If someone is picking me up their contact details are:**

Name:

Phone Number:

Additional Phone Number:

The time the person will be coming to pick me up is:

The person who is coming to pick me up will meet me at: *(Please provide the location)*



**Please be advised:**

You may need to wait in the hospital discharge hospitality centre for pick up, which is situated on the ground floor by the Physiotherapy department and is usually accessible from 8am-8pm.

Extension number: 2900

**Do I need to let the staff know anything about my home?**

*E.g. I have a key safe / I have a pet / There are steps up to my house*



**Who should the staff tell that I am leaving the hospital?**

Name:

Relationship to me:

Phone Number:

Additional Phone Number:



When I am discharged, I will need support from:

☐

N/A

☐

Carer

☐

District Nurses

☐

Patient Therapy

☐

OPAT

☐

Other



Comments:

**Will I require support equipment when I am discharged?**

- ☐ No
- ☐ Yes - I know how this equipment works
- ☐ Yes - I do not know how the equipment works



**I know what medicines I will have on my discharge:**

- ☐ N/A
- ☐ Yes
- ☐ No

**I have been given information and understand any changes or potential side effects to my medicines:**

- ☐ N/A
- ☐ Yes
- ☐ No



**The follow up appointments I have are:** ☐ N/A

Appointment Details:



**I have been given a copy of my discharge letter:**

*(This will have a summary of my admission information included)*

- ☐ Yes
- ☐ No



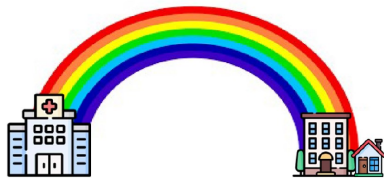
**I know who to contact if I have any concerns once I have left hospital:**

- ☐ Yes
- ☐ No



Details:

**Further comments:**



**Before you leave:**

Please ensure the nurses have removed any medical devices.



**friends and family test**

Please do complete a Friends and Family Questionnaire.

Ask a member of staff for a form.

**together**  
we will



**NHS**  
**Wirral University**  
**Teaching Hospital**  
NHS Foundation Trust