My Hospital Pack - Ready for Hospital

Name: Phone:

Use My Hospital Pack to organise and store personal documents and health information for a hospital stay - planned and unplanned. **Note: it is not compulsory to use My Hospital Pack for a hospital stay.**

Tips:

1. Not all checklist items will be relevant. Where not relevant or not available, write n/a.
2. It may not be appropriate to include support plans. Alternately, provide a list of plans and whom hospital staff can contact for a copy or to discuss.

QR: Template and Resources

About me		
Personal guide, health passport or other about me document		☐ Enclosed
My health profile		
Current General Practitioner (GP)		☐ Details enclosed
Disability Health Profile (Visit: https://bit.ly/healthwagovdisabilityhealthnetwork)		☐ Enclosed
Medical history		☐ Enclosed
Medication profile		☐ Enclosed
I require support with my medications ☐ No ☐ Assistance ☐ Some assistance ☐ Full assistance ☐ Not applicable		
I have allergies	☐ Yes ☐ No	☐ Details enclosed
I have risk factors you need to know about	☐ Yes ☐ No	☐ Details enclosed
My support plans		
Care Plan	☐ Yes ☐ No	☐ Enclosed
Behaviour Support Plan	☐ Yes ☐ No	☐ Enclosed
Mental Health Plan	☐ Yes ☐ No	☐ Enclosed
Mealtime Management Plan	☐ Yes ☐ No	☐ Enclosed
My decision making		
I have an Advance Health Directive	☐ Yes ☐ No	☐ Enclosed
I have an appointed guardian	☐ Yes ☐ No	☐ Details enclosed
Person/s to contact if I cannot provide consent or make decisions while in hospital		☐ Details enclosed
My concessions and funding supports		
I have Medicare	☐ Yes ☐ No	☐ Details enclosed
I have Centrelink	☐ Yes ☐ No	☐ Details enclosed
I have a Department of Veterans Affairs Health Card	☐ Yes ☐ No	☐ Details enclosed
I am a National Disability Insurance Scheme participant	☐ Yes ☐ No	☐ Details enclosed
I have private health cover	☐ Yes ☐ No	☐ Details enclosed
I have a case worker at: • Department of Justice • Department of Communities – Child Protection		 ☐ Yes ☐ No ☐ Yes ☐ No
List of my personal items for my hospital stay		☐ Enclosed
My personal items are labelled		☐ Yes ☐ No
Next of kin:	Phone:	

To be completed by HOSPITAL STAFF ONLY

My Hospital Pack - Ready for Home

Name:

Discharge Date: / /

Hospital Staff: Use My Hospital Pack for handover of critical documents and information at discharge.

Tip: Not all checklist items will be relevant. Where not relevant write n/a.

Support person/appointed decision maker notified		
Name:	Date: / /	Time:
Facility notified:	Date: / /	Time:
Name of staff member notified:		
Medical discharge summary	☐ Yes ☐ No	☐ Enclosed
Readmission plan (at what point should readmission occur?)	☐ Yes ☐ No	☐ Enclosed
Nursing discharge letter ☐ Wound Care Plan ☐ Continence ☐ Skin integrity assessment ☐ Falls assessment ☐ Other	☐ Yes ☐ No	☐ Enclosed
Medication management plan		
Medication profile		☐ Enclosed
Copy of medication chart		☐ Enclosed
Medication profile faxed to pharmacy	Date: / /	☐ Yes ☐ No
Medications provided with discharge		☐ Yes ☐ No
Medication scripts provided		☐ Yes ☐ No
Allied health handovers		
☐ Social Work ☐ Occupational Therapy ☐ Physiotherapy ☐ Speech Pathology ☐ Dietetics ☐ Other		☐ Enclosed
Out-patient referrals made	☐ Yes ☐ No	☐ Enclosed
Mental health follow-up (where applicable)	☐ Yes ☐ No	☐ Enclosed
Assistive technology and equipment		
Any new equipment		☐ Yes ☐ No
Training completed		☐ Yes ☐ No
Training scheduled: Date/s:		☐ Yes ☐ No
Any further assessments and or follow-up required		☐ Yes ☐ No
National Disability Insurance Agency follow up required	☐ Yes ☐ No	☐ Details enclosed
Alerts/risk factors		☐ Details enclosed
Transport booked		☐ Yes ☐ No
Invasive device/s removed (medical device for example: PICC line, canular)		☐ Yes ☐ No
All personal items returned (glasses, hearing aids, etc)		☐ Yes ☐ No
Ward:	Phone:	