

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	Yes	No	
• Department of Communities – Child Protection	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		Yes No	Enclosed
Wound Care Plan	Continance	Skin integrity assessment	
Falls assessment	Other		
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
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:	