

Hospital Discharge Checklist

Part 1: Header and Overview

Patient Name:

Date of Discharge:

Lead Consultant/Team:

Reason for admission:

Key diagnosis/findings:

Procedures performed:

Part 2: Medication Checklist

☐ Do I have a list of new, changed, or stopped medications?

☐ Do I know why each medication is being taken?

☐ Are there any known side effects I should watch out for?

☐ Who do I contact if I have a reaction or run out?

Part 3: Recovery at Home

☐ What are the 'red flag' symptoms that mean I need urgent help?

☐ What activities am I restricted from (lifting, driving, exercise)?

☐ Do I have the necessary equipment or home support organized?

☐ When is my next appointment (phone or in-person)?

Part 4: Essential Follow-Ups

☐ Is there a referral I need to chase (e.g., physiotherapy)?

☐ Who is the primary point of contact for questions?

☐ What is the one thing I didn't get to ask the doctor today?

☐ Who is responsible for updating my GP?