

My Goto Dr. Now™

Discharge & Next Steps Checklist

Patient Advocacy Support Services

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Member Name	_____	Date	_____
Hospital	_____	Room #	_____
Discharge Date	_____	Discharging Provider	_____
Primary Care Provider	_____	Advocate	_____

Discharge Instructions

- I received written discharge instructions.
- I understand my diagnosis.
- I understand warning signs requiring immediate medical attention.
- I know who to contact with questions.

Medication Review

- Medication list reviewed.
- New prescriptions explained.
- Medication side effects discussed.
- Allergies verified.

Follow-Up Care

- Follow-up appointment scheduled.
- Specialist referral received (if applicable).
- Therapy or home health services arranged.
- Laboratory or imaging follow-up understood.

Home Recovery

- Transportation confirmed.
- Medical equipment arranged.
- Caregiver instructions reviewed.
- Recovery plan understood.

Questions Before Leaving the Hospital

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Advocate Notes

Action Items

Follow-Up Plan

Patient Signature _____

Advocate Signature _____

Date _____

Date _____

Emergency Notice: If you experience a medical emergency after discharge, call 911 immediately or seek the nearest emergency department. My Goto Dr. Now provides patient advocacy support and is not an emergency medical provider.