Patient PASS: A Transition Record

Fill this out with your nurse before you leave the office.

Name _____

I went to the doctor for _____

☐  After I leave the doctor or clinic, I know my red flags:

If this happens ...	I should …
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

☐  **My Appointments**

Date: _____ Time: _____
Doctor: _____
Phone Number: _____
For: _____

Date: _____ Time: _____
Doctor: _____
Phone Number: _____
For: _____

Date: _____ Time: _____
Doctor: _____
Phone Number: _____
For: _____

 **Tests and Issues** 

I need to talk to my doctor about:

1. _____
2. _____
3. _____
4. _____
5. _____

☐ I know who to contact for my health.

My regular doctor:

_____
Name

_____
Phone

My doctor in the hospital:

_____
Name

_____
Phone

My visiting nurse:

_____
Name

_____
Phone

Where I get my medicine:

_____
Name

_____
Phone

Where I get my equipment:

_____
Name

_____
Phone

I know What medicines I have to take, When I need to take them, How to take each medicine, Where to get them, and When or If I should stop taking them.

My Medicines:

Check all that apply to this medicine:

	Morning	Noon	Night	Every ____ Hours	With Food	Without Food
1. _____						
2. _____						
3. _____						
4. _____						
5. _____						
6. _____						
7. _____						
8. _____						
9. _____						
10. _____						

Other Instructions:

_____

_____

_____

Special Foods or Meals _____

_____

_____

Exercise _____

_____

_____

Classes I can take _____

_____

I understand what I need to do to get well.
I am ready to take care of my health.

_____
Patient/Caregiver Signature

_____
Provider Signature

_____
Date

Remember! You are the most important member of your healthcare team.