

## Passport to home for:

---

Before you leave on \_\_\_\_\_ we want to make sure that you are ready to go home.

Please go over each topic with your nurse or therapist. When you have signed off each item, please drop it off at the desk on your way out.

---

	<b>Initials</b>
On the day that I go home, I was told about: (circle Yes or No)	
Pain medications: Yes - No      Blood Thinner: Yes - No	<input type="text"/>
New medication: Yes - No      Physiotherapy: Yes - No	
I have my follow up appointment sheet with confirmed date and contact phone number.	<input type="text"/>
The doctor has discussed my medical plans for home.	<input type="text"/>
My physiotherapy plans are in place: (circle Yes or No)	
Outpatient Clinic Yes - No      Home Physio (CCAC) Yes - No	<input type="text"/>
My equipment is in my home.	<input type="text"/>
I know how to care for my dressing.	<input type="text"/>
I have clips/staples and the staple removal kit. I will call my family doctor for an appointment to have them removed in 2 weeks.	<input type="text"/>
My IV has been removed.	<input type="text"/>
My personal items and own medications have been returned to me.	<input type="text"/>
My <b>going home instructions</b> have been reviewed with me.	<input type="text"/>

Thank you, have a great recovery.  
Your Orthopedic Team!