



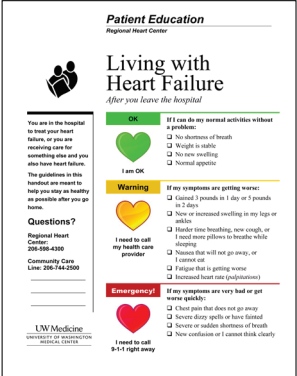





My Goals for Discharge from the Hospital

Goal discharge date: _____ Doctor I will see when I go home: _____

My Health Today	Today's Goals	Discharge Checklist
<p> <input type="radio"/> Green <input type="radio"/> Yellow <input type="radio"/> Red    </p>	<p>Date: _____</p>	<ul style="list-style-type: none"> <input type="checkbox"/> I have the "Living with Heart Failure" handout. <input type="checkbox"/> I am tracking my numbers and how I feel (green-yellow-red) daily. <input type="checkbox"/> I know when and who to call. <input type="checkbox"/> I have a scale at home. <input type="checkbox"/> I have a blood pressure cuff at home. <input type="checkbox"/> I know why and how to take my medicines. <input type="checkbox"/> I have a mediset. <input type="checkbox"/> I can pay for my medicines. <input type="checkbox"/> I have support at home. <input type="checkbox"/> I can get to my health care appointments. <input type="checkbox"/> I have a follow-up appointment within 7 days of discharge. <input type="checkbox"/> I can have nutrition counseling after discharge. I can ask my doctor for a referral, or I can call 206-598-6004.
<p>Weight</p> <p>Goal weight: _____ kg/lbs</p> <p>Date: _____</p> <p>_____ kg/lbs</p> 		
<p>Labs</p> <p>Creatinine: _____</p> <p>Potassium: _____</p> <p>INR: _____</p>		
<p>Vital Signs</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Fluid Restriction: _____</p> <p>Sodium Restriction: _____ mg</p>	<p style="text-align: center;">My Questions for the Team</p> <p>_____</p> <p>_____</p> <p>_____</p>	