1PTQAM001

Place Patient Label
Inside This Box

"About Me"
Important Things To Know About Me

Name: _____

What is your primary concern once you leave the hospital (after discharge)?_____

_____

Are any of your needs urgent? ☐ Yes ☐ No
If yes, please explain:_____

Do you think you will be admitted to the Emergency Room (ER) or Hospital in the next 30 days?
☐ Yes ☐ No ☐ Unsure, Don't Know

Within the past twelve months, I have been concerned about my medications
☐ Yes ☐ No ☐ Unsure, Don't Know

Do you think any of your prescriptions are making you sick?
☐ Yes ☐ No ☐ Unsure, Don't Know

In the last 12 months, was there any time when you did NOT fill a prescription for medicine because of cost?
☐ Yes ☐ No ☐ Unsure, Don't Know

Are you concerned about your ability to get your prescribed medication? Either by picking up the medications yourself or having someone pick-up the medications for you?
☐ Yes ☐ No ☐ Unsure, Don't Know

I am _____ that I can take care of most of my health problems. (check one box below)
☐ Very Confident ☐ Somewhat Confident ☐ Not Very Confident

Within the past twelve months, I've been concerned about the following (please mark all that apply):
☐ My health/feeling sick
☐ My unsafe living area or unstable housing
☐ Losing electricity, heating or other utilities
☐ My anxiety/stress level
☐ My safety and/or those I care about
☐ Being more physically active (exercising)
☐ My limited transportation/getting places
☐ My food and dieting options
☐ The amount of alcohol/tobacco I use
☐ Managing my finances/paying my bills
☐ Feeling of loneliness/social isolation
☐ Other _____

The best way I learn is: (mark all that apply)
☐ Reading information on paper
☐ Talking to a healthcare provider
☐ Talking to my family
☐ Talking to a health coach
☐ Reading information on the internet
☐ Someone showing me what to do
☐ Going to a class or program
☐ Any of the above

Below, please write about or draw a picture of something you like or want.