

Heading Home Checklist

Before you are released from the rehabilitation facility to either your home or a family member's home, consider these questions and issues:

Safety and Mobility

- ☐ Are you able to sit in a chair, walk with or without assistance, and use a cane, walker, or wheelchair?
- ☐ Can you easily get into and out of a chair and bed?

Your ability to move around (your mobility) and your need for assistance will determine which safety precautions or adaptations need to be made in the home. Use a [home safety checklist](#) and check with your nurse, therapist, or social worker before your discharge to see if any special adaptations to your home are required.

Medications

- ☐ Do you have a list of your medications, how much to take (dosage), and the time of day or frequency for taking the medications?
- ☐ Do you know why you need each medication?
- ☐ Do you know who to call if you have a problem or unexpected side effect (such as nausea, vomiting, or dizziness), and how to get a refill.

A pill box with dividers for days of the week and times of day may help you remember when to take your medications. These can be purchased at your local pharmacy.

Transportation

- ☐ If you are unable to drive, will a family member or neighbor be available to help you go to doctor's appointments, the pharmacy, and the grocery store?
- ☐ If you live alone, do you have access to local dial-a-ride services, community ride services, or services provided by a local council assisting older or disabled citizens?

Medical Equipment

- ☐ Will you need a cane, walker, wheelchair, hospital bed, oxygen, respirator, catheters, colostomy supplies, adult diapers, bed pan, commode, disposable gloves, or other equipment?



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Be sure to get a list of items from the healthcare facility and any suggestions they have on where the equipment can be found.

Ongoing Therapy

- ☐ Will you need additional therapy such as speech therapy, occupational therapy, physical therapy, or nursing care for medical issues such as wound care?
- ☐ Will these services be covered by your insurance?
- ☐ Will a home healthcare agency contact you and coordinate these visits, or will you need to set up some of these appointments on your own?

Caregivers

- ☐ Is ongoing daily care or assistance needed?
- ☐ Is it safe for you to be on your own, or will you need someone to be with you for personal or companion care?
- ☐ Is a family member available to provide the care, or will other arrangements need to be made?

Not all home care agencies are alike; see [AARP's resource page](#) for more information.

Diet

- ☐ Will you need to avoid certain foods or liquids?
- ☐ What kind of foods should you eat and how much?
- ☐ What do you need to eat or avoid to be as healthy as possible?

Nutrition is very important to the healing process and for maintaining good health.

Medical Tests and Appointments

- ☐ Are there additional healthcare appointments planned or tests that need to be set up?
- ☐ Be sure to record
 - Whom the appointment is with,
 - The reason for the appointment,
 - The date and time,
 - The address or location,
 - And the telephone number of the office or facility.

Banking and Paying Bills



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- ☐ If you cannot do your own banking or pay your bills, is there a family member or trusted friend who can help you?
- ☐ If you cannot get out of the house, would you be able to do these tasks on a computer if you set up online banking?

Food and Other Necessary Purchases

- ☐ If you can't get to a grocery store or do other shopping, can someone do it for you?
- ☐ Do you need assistance preparing your meals?
- ☐ Do you need to arrange for meal service such as Meals on Wheels?



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