

# NEXT STEPS

## TRANSFER INFORMATION GUIDE

Patient Name: \_\_\_\_\_

The Skilled Nursing Facility you will be going to is: \_\_\_\_\_

Location: \_\_\_\_\_

### **Here are some of the treatments that are available:**

- Rehabilitation Services (PT/OT/Speech)
- Medications
- Oxygen
- Wound Care
- X-Rays
- IV Therapy (in some facilities)
- Blood Tests

### **Some of the things you may want to ask your nurse or provider at the facility about:**

- Any medications that you took before you were hospitalized or any time sensitive medications that you may need.
- Dietary needs.
- If you will need help to get out of bed.
- Treatment that you need during your stay.

For more information go to <http://www.decisionguide.org/>