



## Discharge Planning Worksheet

After surgery, you may need continued services once you leave the hospital. Please consider where you would like to receive these services in your community.

You will be given prescription for an anticoagulant (blood thinner) and a pain pill after your surgery. Please write your pharmacy's information below.

Name of Pharmacy: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

If you are placed on Coumadin after surgery, you will need to have your blood drawn twice weekly to monitor the medication's effects. Please write the facility where you would like your blood drawn (this can be your family physician's office).

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

If you are having a total knee replacement, you will need outpatient physical therapy. Please write the name of the physical therapy location that you would like to attend below.

Name of Physical Therapy facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

