

YOUR DISCHARGE PREPARATION

This document can be a reminder for you to use when you are getting ready to be discharged from the hospital.

Patient's first name and surname: _____

Date of birth: - -

▲ PATIENT SUPPORT

Check the help you need:

- ☐ Family and Elderly assistance
- ☐ Cleaning help
- ☐ Warm meals
- ☐ Medical devices (crutches, walker, etc.)
- ☐ Home nursing
- ☐ Physiotherapy
- ☐ Transport
- ☐ Alternative/residential stay after a stay in hospital (e.g. short stay, rehabilitation home, etc.)
- ☐ Other: _____

If you want support to organise the help you need, contact the social worker of the Patient Assistance Department at least one week before your admission through the secretariat (T +32 (0)9 332 41 44 or +32 (0)9 332 41 45).

▲ DOCUMENTS

Check the documents you need:

- ☐ Statement of incapacity for work from: _____ / _____ / _____
- ☐ Insurance certificate for hospitalisation
- ☐ Insurance certificate for occupational accident
- ☐ Health insurance fund/incapacity for work certificate
- ☐ Social leave for: _____ from: _____ / _____ / _____ to: _____ / _____ / _____
- ☐ Certificate for school from: _____ / _____ / _____
- ☐ Certificate for sports from: _____ / _____ / _____
- ☐ Home nursing certificate
- ☐ Prescription for medication or medical devices
- ☐ Transport certificate
- ☐ Physiotherapy prescription
- ☐ Other: _____

Request all necessary documents from the nurse at the time of admission. Please note: certificates for the employer or insurance are usually very specific. Bring them with you and give them to the nurse at the department.

▲ ADDITIONAL QUESTIONS
