



DANE COUNTY  
Transitions of Care

Dane County Community-Based Care Transitions Coalition  
Supportive Services Intervention

Patient Worksheet for Needs

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Insurance: \_\_\_\_\_

My monthly income is: \_\_\_\_\_

Doctor: \_\_\_\_\_ Clinic: \_\_\_\_\_

I live with: \_\_\_\_\_

I Need Help with: (circle topics below)

**Medications**

I have trouble with: \_\_\_\_\_

I need:

- Financial Assistance paying for my medications
- Medications Delivered to my home
- Pill Box set up for me
- Reminders to take my medications
- Someone to help me go through my medications bottles
- Other: \_\_\_\_\_

**Home Safety**

I have trouble with: \_\_\_\_\_

I need:

- Help cleaning my home
- Help doing my laundry
- Help maintaining my yard in the summer and/or snow removal in the winter
- Home maintenance (example: fix broken stairs or add a ramp to entrance)
- Someone to come to my home and help me make my home safe
- A shower chair for bathing
- A bedside commode for nighttime
- Physical Therapy to help me get stronger
- Other: \_\_\_\_\_

**Nutrition**

I have trouble with: \_\_\_\_\_

I need:

- Help cooking meals and or preparing snacks
- Home delivered meals
- Some to help me with grocery shopping
- Education about what types of food I should eat
- Reminders to eat my meals
- Other: \_\_\_\_\_

**Transportation**

I have trouble with: \_\_\_\_\_

I need:

- Someone to help me get to my doctor appointments
- Help understanding the bus routes and which bus I should take to go places
- Set up a taxi service to and from appointments and errands
- Financial assistance with rides to places
- A vehicle that can transport me in a wheelchair or scooter
- A vehicle to take me to appointments in a stretcher
- Reminders to go to my appointments
- Other: \_\_\_\_\_

**Caregiving**

I have trouble with: \_\_\_\_\_

I need:

- Someone to help me get dressed in the morning and/or undressed at night
- Someone to help me take showers and/or baths \_\_\_\_\_ times per week
- Someone to help me with my morning and/or evening cares (brushing hair, brushing teeth)
- Someone to help me go to the bathroom
- Help with my wound care which needs to be done \_\_\_\_\_ times per week.
  - Location of wound: \_\_\_\_\_
  - What is it from: \_\_\_\_\_
  - What is the treatment: \_\_\_\_\_
- Someone to live in my home with me
- Someone to be with me over the night
- Other: \_\_\_\_\_