Medical Advocacy Checklist

A practical companion for appointments, hospital stays, and care transitions

A NOTE FROM ERIKA - WRITTEN AS A DAUGHTER CARE PARTNER

As a daughter care partner, I sat beside my mother's hospital bed armed with love and determination, and learned the hard way that advocacy requires preparation. This checklist is everything I wish I had. Use it at every appointment, admission, and shift change. You are your loved one's best - and most important - advocate.

PATIENT & EMERGENCY INFORMATION

Patient Name:

Date of Birth:

MRN / Patient ID:

Primary Diagnosis:

Insurance / Policy #:

Known Allergies:

PCP Name:

PCP Phone:

Specialist(s):

Pharmacy:

Emergency Contact 1:

Phone:

Emergency Contact 2:

Phone:

Healthcare Proxy / POA:

DNR Status:

Advance Directive on File?

QUESTIONS & NOTES FOR THE NEXT VISIT

BASELINE VITALS (HOME / WELL VISIT)

Blood Pressure (baseline):

Heart Rate (baseline):

O2 Sat (baseline):

Temperature (baseline):

Weight:

Height:

Fasting Blood Glucose:

Last A1C:

Last Cholesterol:

Cognition Baseline:

Mobility Baseline:

RECENT TESTS & RESULTS

Test / Lab Name:

Date:

Result:

Test / Lab Name:

Date:

Result:

Test / Lab Name:

Date:

Result:

Imaging Type:

Date:

Finding:

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RECENT OUTSIDE MEDICAL VISITS

Facility / Provider 1:

Date:

Reason / Diagnosis:

Outcome / Follow-Up:

Facility / Provider 2:

Date:

Reason / Diagnosis:

Outcome / Follow-Up:

Facility / Provider 3:

Date:

Reason / Diagnosis:

Outcome / Follow-Up:

HOSPITALIZATIONS & COMPLICATIONS

Hospital:

Admission Date:

Discharge Date:

Reason for Admission:

Complications:

Discharge Diagnosis:

Hospital:

Admission Date:

Discharge Date:

Reason for Admission:

Complications:

Discharge Diagnosis:

HOSPITAL ADVOCACY CHECKLIST

- [ ] Confirm patient ID band is accurate
- [ ] Review admission diagnosis with team
- [ ] Clarify inaccuracies in the chart or notes
- [ ] Request a care conference / family meeting
- [ ] Ask about the ambulation and mobility plan
- [ ] Confirm PT / OT evaluation is ordered
- [ ] Record RN name and shift start time
- [ ] Record PCA / technician name this shift
- [ ] Note travel or agency nurse (if any)
- [ ] Review all medication changes each shift
- [ ] Verify fall-prevention measures are active
- [ ] Confirm isolation precautions (if any)
- [ ] Ask about discharge criteria and timeline
- [ ] Request written discharge instructions
- [ ] Obtain attending physician name and contact process

SHIFT NOTES / NURSE LOG

Date / Shift:

RN Name:

PCA / Technician:

Travel Nurse?

Notes:

Date / Shift:

RN Name:

PCA / Technician:

Travel Nurse?

Notes:

CARE TEAM, SAFETY & DISCHARGE NOTES

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QUESTIONS TO ASK CLINICIANS

1. What is the confirmed diagnosis, and how certain are you?
2. What are all treatment options, including watchful waiting?
3. What are the risks and benefits of this medication or procedure?
4. Are there side effects I should watch for at home?
5. What happens if we choose not to treat or choose to delay?
6. Who else on the team is involved in this decision?
7. When will we receive test results, and how?
8. What would you do if this were your own parent?
9. May I record this conversation for our family records?
10. What is the best way to reach you or your team after hours?

SECOND OPINION STEPS

1. Request copies of all records, imaging, and pathology slides.
2. Ask for a formal referral to a specialist or academic medical center.
3. Verify second-opinion coverage and network status with your insurer.
4. If a referral is denied, contact the hospital patient advocate or ombudsman.
5. Use national disease-specific organizations to identify specialists.
6. Document every conversation: who, date, outcome, and next step.

SECOND OPINION QUESTIONS & FOLLOW-UP NOTES

MEDICAL RECORDS CHECKLIST

- ☐ Discharge summaries - recent admissions
- ☐ Current reconciled medication list
- ☐ Lab results - last 12 months
- ☐ Imaging reports and CDs (CT, MRI, Echo, X-ray)
- ☐ Operative / procedure reports
- ☐ Specialist consultation notes
- ☐ Advance directive / living will / POA documents
- ☐ Immunization records
- ☐ Primary care visit notes
- ☐ Insurance EOBs for hospitalizations
- ☐ Itemized hospital billing statements
- ☐ Referral letters and prior authorizations

COMMUNICATION LOG

Date / Time:

Spoke With:

Outcome / Next Step:

Date / Time:

Spoke With:

Outcome / Next Step:

Date / Time:

Spoke With:

Outcome / Next Step:

Date / Time:

Spoke With:

Outcome / Next Step:

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CLARIFY & ESCALATE SCRIPTS

Clarify a Chart Discrepancy:

I want to make sure we are all on the same page. The chart states [X], but my understanding is [Y]. Can we please clarify this together?

Request a Care Conference:

I would like to request a formal care conference with the attending, charge nurse, and case manager. Can we schedule that today?

Escalate to the Charge Nurse:

I have a concern that has not been addressed by the bedside nurse. May I please speak with the charge nurse?

Escalate to the Patient Advocate:

I would like to speak with the hospital patient advocate or ombudsman. Can you connect me or provide the direct contact number?

Ambulation / Mobility Prompt:

What is the mobility order for today? Is Physical Therapy involved? We want to prevent further deconditioning during this stay.

Medication Clarification:

Can you walk me through the reason for this new medication and any known interactions with current medications?

Dispute Discharge Readiness:

I do not feel my loved one is ready for discharge. I want my concern formally documented and a physician review requested today.

MY NOTES & FOLLOW-UP

SELF-CARE & SUPPORT RESOURCES

CAREGIVER SUPPORT

AARP Caregiving: 1-877-333-5885

Caregiver Action Network: 1-855-227-3640

Eldercare Locator: 1-800-677-1116

SAMHSA Helpline: 1-800-662-4357

Crisis Text Line: Text HOME to 741741

Eldercare Locator: eldercare.acl.gov

National Respite Locator: archrespite.org

VA Caregiver Support: caregiver.va.gov

DAILY CARE PARTNER SELF-CHECK

- [ ] I ate at least one full meal today
- [ ] I drank enough water today
- [ ] I got some sleep, even if interrupted
- [ ] I moved my body or stepped outside
- [ ] I asked for help with at least one task
- [ ] I set at least one boundary today
- [ ] I connected with someone who supports me
- [ ] I gave myself grace for what I could not do

YOU DO NOT HAVE TO NAVIGATE THIS ALONE.

For private aging-care consultation, medical advocacy, and coordinated navigation, contact Erika Austin at AgingCare Ally.

Schedule a complimentary 15-minute consultation

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