

My Space

We invite Patients and Families to tell us your story

ROOM: _____

TODAY'S DATE: _____

A message to our patients and families

To keep you safe, we:



Wash our hands



Share information with all members of the healthcare team



We Check ID. Every Patient.
Two times. Every time.



Take action to prevent falls



Follow safe medication practices



Have education materials available on request

There are many other steps that we take to keep you safe.
Please speak with a member of your care team for details
or if you have any questions or concerns.

I PREFER TO BE CALLED: _____

MY NURSE: _____

MY PHYSICIAN: _____

My story and things that are important to me:

My Goal(s):

Questions about my care: