## Template for Manual Creation of the AHCP: Spanish-Speaking Patients

\*\* Triaga este plan a TODAS sus citas \*\*

Plan de Cuidado Para:

[Patient name]

Dia de Alta: [discharge date]

¿Preguntas o problemas sobre este paquete?

Llame a su transición a la portada enfermera: (xxx) xxx-xxxx **DE PHOTO HERE**

¿Problemas serios de su salud?

Llame a su doctor de cabazera, Dr. [Name]: (xxx) xxx-xxxx **PCP PHOTO HERE**

**Cada día sigue este horario**:

Medicinas

| ¿A qué hora del día debo tomar este? | ¿Por qué estoy tomando este medicina? | | | Nombre de la medicina y cantidad | ¿Cuántas debo tomar? | ¿Cómo debo tomar este medicina? |
| --- | --- | --- | --- | --- | --- | --- |
| Mañana    Mañana |  | | |  |  |  |
|  | | |  |  |  |
|  | | |  |  |  |
|  | | |  |  |  |
|  | | |  |  |  |
|  | | |  |  |  |
|  | | |  |  |  |
|  | | |  |  |  |
|  | | |  |  |  |
|  | | |  |  |  |
|  | | | | | | |
| http://www.ricksmath.com/pics/12oclock.gif  Mediodía | |  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |
|  | | | | | | |
| swirls,southwest,south  Tarde |  | | |  |  |  |
|  | | |  |  |  |
|  | | | | | | |
| http://www.artvogt.com/Images/MGconcept03.jpg Hora de acostarse | | |  |  |  |  |
|  |  |  |  |
|  | | | | | | |
| Sólo si usted lo necesita para |  | | |  |  |  |
| Sólo si usted lo necesita para |  | | |  |  |  |

\*\* Triaga este plan a todas sus citas\*\*

[Insert Patient Name]

¿Cuál es mi problema principal médico?

[Insert Primary diagnosis]

¿Cuando son mis citas?

|  |  |  |
| --- | --- | --- |
| Day, date, and time of appt. (in Spanish) |  |  |
| Provider name |  |  |
| Provider site information |  |  |
| Reason for appt |  |  |
| Provider phone number |  |  |

Mes Año

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Domingo** | **Lunes** | **Martes** | **Míercoles** | **Jueves** | **Vierno** | **Sabado** |
|  |  |  | **1** | **2** | **3** | **4** |
| **5** | **6** | **7** | **8** | **9** | **10** | **11** |
| **12** | **13** | **14** | **15** | **16**  Information of the appointment | **17** | **18** |
| **19** | **20** | **21** | **22** | **23** | **24** | **25** |
| **26** | **27** | **28** | **29** | **30** | **31** |  |

¿Cuales ejercios son mejores para mi?

¿Que debo comer?

¿Cuáles son mis alergias a las medicinas?

**[list medicine allergies].**

¿Donde esta mi farmacia?

[Insert pharmacy name, location, contact information]

*{If applicable, include:}*

Trate de dejar de fumar: Llame [contact information]

**Preguntas para [provider name]**

Para mi cita en

Day, date, and time of appointment (in Spanish)

**Marque esta caja y escriba notas para recordarse cuando hable con [provider name]**

* I am having trouble with the stairs in my house.
* Someone I live with smokes.
* I feel stressed or overwhelmed.
* I am having trouble getting food.
* There are other things going on in my life that are effecting my health.

Tengo preguntas acerca de:

 Mis medicinas

 Mi dolor

 Se siente estresado

¿Qué otras preguntas tienes?

* I am having trouble with the stairs in my house.
* Someone I live with smokes.
* I feel stressed or overwhelmed.
* I am having trouble getting food.
* There are other things going on in my life that are effecting my health.







* I am having trouble with the stairs in my house.
* Someone I live with smokes.
* I feel stressed or overwhelmed.
* I am having trouble getting food.
* There are other things going on in my life that are effecting my health.
* I am having trouble with the stairs in my house.
* Someone I live with smokes.
* I feel stressed or overwhelmed.
* I am having trouble getting food.
* There are other things going on in my life that are effecting my health.
* I am having trouble with the stairs in my house.
* Someone I live with smokes.
* I feel stressed or overwhelmed.
* I am having trouble getting food.
* There are other things going on in my life that are effecting my health.
* I am having trouble with the stairs in my house.
* Someone I live with smokes.
* I feel stressed or overwhelmed.
* I am having trouble getting food.
* There are other things going on in my life that are effecting my health.