**SAMPLE PATIENT INFORMATION CARD**

**[INSERT PRACTICE NAME] HOSPITAL REFERRAL**

**Hospital Referral Information:**

1. **You have the right to discuss any referral with your family doctor or specialist that is familiar with your medical history prior to the referral.**
2. **Your [INSERT PRACTICE] doctor may not be present to oversee your stay.**
3. **There will be different nurses and doctors involved during your hospital stay.**
4. **You have the right to discuss your hospital referral with your [INSERT PRACTICE] doctor before going to the hospital.**
5. **Your doctor will be available for a case consultation to discuss all aspects of your case once you are admitted.**
6. **Should questions or concerns arise, you will be able to utilize the [INSERT PRACTICE] Patient Portal to communicate directly with your [INSERT PRACTICE] physician. Your doctor will monitor this information.**
7. **You have the right to access the hospital’s patient advocacy office. Contact numbers will be given to you. Please note that different hospitals have varying policies as to the availability of their patient advocacy staff.**

**Obtain names and schedules for all hospital personnel in that office.**

1. **You have the right to meet with any medical staff assigned to your case.**
2. **You can ask for a schedule of all [INSERT PRACTICE] medical staff that may be covering during your hospital stay.**