

STARTER PACK · 3 VISITS

Starter Pack

Nurse-Led Post-Discharge Education & Coaching · Lambeth, London

£250

for 3 visits

Saving £20 vs the single-visit rate · our most popular starting package.

3 weeks · 60 minutes per visit · full discharge review.

Most popular starting package

Living with diabetes? Every visit includes a review of your blood glucose readings, medication or insulin changes, and hypo/hyperglycaemia safety planning as standard — no separate package needed.

YOUR THREE-VISIT JOURNEY

VISIT 1 · WEEK 1**Discharge review & medication education**

Full review of your discharge paperwork. Every medication explained. Red flag safety planning. Written summary to GP. Family briefing if present.

VISIT 2 · WEEK 2**Progress check & condition management**

How are you managing? Review of any new symptoms or concerns. Condition-specific coaching. Medication adherence check. Adjustment of your care plan.

VISIT 3 · WEEK 3**Consolidation & forward planning**

Final review of progress. Self-management coaching for the long term. Signposting to community support. Final summary letter to GP. Discharge from programme or upgrade option.

EVERYTHING INCLUDED IN EVERY VISIT

- ✓ Home visit by a Registered Nurse — at your convenience, in your home
- ✓ Written visit summary after every appointment
- ✓ GP summary letter sent with your consent
- ✓ Email / phone check-in with your nurse between visits for general, non-urgent questions about your care plan — for a medical emergency, always call 999; for urgent medical advice, call 111 or your GP
- ✓ Family and carer included in every visit
- ✓ Full discharge review, medication education and condition coaching

UPGRADE ANYTIME

- ✓ If you need more support, upgrade to the Full Transition Programme at any time
- ✓ Your £250 Starter Pack fee is fully credited against the £480 programme cost
- ✓ Just £230 additional to access 3 more visits and full phone support

BOOKING & PAYMENT

- ✓ Payment of £250 secures all 3 visits — payable upfront, or £125 now and £125 after visit 1
- ✓ Book by email: Laurence@stepdown-ldn-care.co.uk or via the website: stepdown-ldn-care.co.uk
- ✓ First visit typically within 48 hours of booking
- ✓ Cancellation: at least 24 hours' notice required. Visits cancelled with less notice, or missed without notice, may be charged in full, except where this is due to a genuine emergency or similar unavoidable circumstance.

Intake Questionnaire

Please complete before your first visit

This comprehensive intake questionnaire helps your nurse understand your full situation before your first visit, so we can make every session as effective as possible. All information is protected under UK GDPR.

SECTION 1 — PERSONAL DETAILS

FULL NAME

DATE OF BIRTH

HOME ADDRESS (INCLUDING POSTCODE)

PHONE NUMBER

EMERGENCY CONTACT NAME & NUMBER

RELATIONSHIP TO YOU

GP NAME

GP PRACTICE & PHONE

SECTION 2 — HOSPITAL DISCHARGE

HOSPITAL / WARD YOU WERE DISCHARGED FROM

DATE OF DISCHARGE

MAIN DIAGNOSIS / REASON FOR HOSPITAL STAY

LIST ALL CURRENT MEDICATIONS (NAME, DOSE, FREQUENCY) — OR ATTACH DISCHARGE LETTER

ANY KNOWN ALLERGIES (MEDICATION OR OTHER)

DO YOU HAVE ANY FOLLOW-UP APPOINTMENTS BOOKED? IF YES — WHEN AND WHERE?

SECTION 3 — YOUR HEALTH BACKGROUND

OTHER MEDICAL CONDITIONS (PAST OR PRESENT)

Do you currently manage any of the following? (tick all that apply)

- ☐ Type 1 Diabetes
- ☐ Heart failure
- ☐ Stroke / TIA
- ☐ Kidney disease
- ☐ Arthritis / mobility issues

- ☐ Type 2 Diabetes
- ☐ COPD / Asthma
- ☐ High blood pressure
- ☐ Anxiety / Depression
- ☐ Other

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Intake Questionnaire (continued)

Please complete before your first visit

SECTION 4 — LIVING SITUATION & SUPPORT

WHO LIVES WITH YOU AT HOME?

- | | |
|---------------------------------------|---|
| ☐ I live alone | ☐ With a partner |
| ☐ With family | ☐ With a carer |
| ☐ Other | |

WHO IS YOUR MAIN CARER / SUPPORT PERSON AT HOME (IF APPLICABLE)?

Do you have any of the following at home?

- | | |
|---|---|
| ☐ Stair rails / grab rails | ☐ Wheelchair / mobility aids |
| ☐ Oxygen equipment | ☐ Medication blister packs / dosette box |
| ☐ District nurse visiting | |

SECTION 5 — YOUR GOALS FOR THIS PROGRAMME

What would you most like to achieve over the next 3 weeks? (tick all that apply)

- | | |
|---|--|
| ☐ Understand my medications fully | ☐ Feel confident managing my condition at home |
| ☐ Reduce my anxiety about being home after hospital | ☐ Help my family / carer understand how to support me |
| ☐ Understand my diabetes better | ☐ Know what symptoms to watch for and when to call for help |
| ☐ Get back to normal daily activities as quickly as possible | ☐ Avoid going back into hospital |

ANYTHING ELSE YOU'D LIKE TO TELL YOUR NURSE BEFORE THE FIRST VISIT?

SECTION 6 — CONSENT

- ☐ I consent to StepDown Ldn Care collecting and holding my health information for the duration of this programme.
- ☐ I consent to written visit summaries being shared with my GP after each visit.
- ☐ I understand I can withdraw consent and request deletion of my data at any time.

Nurse Name (print) / Signature

Patient / Guardian Name (print) / Date