

DISCHARGE INSTRUCTIONS

Date of Discharge: _____

We are pleased to have provided service to you. The following discharge instructions were reviewed with you and/or your caregiver(s) during the final visit(s) by our staff. You need to:

- Make a follow-up appointment with Dr. _____
- Keep your scheduled appointment(s) with Dr. _____
Day: _____ Date: _____ Time: _____
- Keep your scheduled appointment(s) with Dr. _____
Day: _____ Date: _____ Time: _____

Continue to take medications as prescribed by your physician. Refer to the materials provided by your pharmacist.
Additional comments/instructions: _____

Continue with home program as instructed by therapist(s). Refer to the materials provided by your therapist(s).
Additional comments/instructions: _____

Follow the diet as prescribed by your physician and as instructed by your nurse.

Continue with skin/wound care as instructed. Refer to the materials provided by your nurse.
Additional comments/instructions: _____

Follow-up with community resource(s) or other organization(s) that you have been referred to (specify):

Other instructions (specify): _____

If you have questions concerning these instructions, please call your physician or care manager at (_____) _____. We hope that if you have need for home care in the future, you will contact us.

Care Manager Signature/Title: _____ Date: _____

Patient/Caregiver Signature: _____ Date: _____

PART 1 – Clinical Record	PART 2 – Patient
PATIENT NAME—Last, First, Middle Initial	ID#