

PATIENT DISCHARGE INSTRUCTIONS

DISCHARGE DATE _____

1. DIAGNOSIS: _____

2. DIET: _____

3. **MEDICATIONS**

MEDICATIONS	TIME TO BE TAKEN	DO NOT TAKE WITH	POSSIBLE SIDE EFFECTS

ADDITIONAL COMMENTS: _____

(SIGNATURE - PHARMACIST)

4. **ACTIVITIES**
Your Activities

_____ MAY SHOWER _____ RESUME SEXUAL ACTIVITIES
 _____ TUB BATH _____ RETURN TO WORK
 _____ SPONGE BATH _____ LIFT CHILDREN
 _____ CLIMB STAIRS _____ HOUSEHOLD CHORES
 _____ DRIVE CAR _____ OTHER _____

5. **REFERRALS**

_____ ALCOHOLISM COUNSELOR _____ SOCIAL SERVICES
 _____ CLINICAL DIETICIAN _____ PHYSICAL THERAPY
 _____ COMMUNITY HEALTH NURSING _____ OFFICE OF ENVIRONMENTAL HEALTH
 _____ COMMUNITY HEALTH NUTRITIONIST OTHER _____
 _____ MENTAL HEALTH _____

6. **FOLLOW-UP CARE**

CLINIC _____ DATE: _____ TIME: _____ A.M.
P.M.

7. TREATMENTS *(Use standard terminology. Do not use abbreviations.)*

8. SPECIAL INSTRUCTIONS *(Use standard terminology. Do not use abbreviations.)*

PATIENT'S IDENTIFICATION

(SIGNATURE - PROVIDER)

I have received the above instructions and understand them.

(SIGNATURE - PATIENT)

PATIENT DISCHARGE INSTRUCTIONS
(Instructions for Use)

This form is to be placed in the medical record at the time of admission. Teaching done with the patient prior to discharge is documented on this form and the original is given to the patient.

Item

2. Dietician to give special instruction when indicated.
3. To be completed by pharmacist.
4. Check appropriate line.
7. Specific treatments are included here, such as: post-operative wound care, postural drainage, or physical therapy.
8. List special instructions not considered to be treatments, for example: frequent small feedings for infants, use of a vaporizer or use of a breast pump for manual milk expression when unable to breast feed.

White copy: Send home with patient.

Pink copy: Filed in patient's medical record at time of discharge.

Yellow copy: Send to referral source indicated.