



RN    PT  
 OT    SLP

# Discharge Instructions

**Patient Name:** \_\_\_\_\_

We are pleased to have had the opportunity to provide your services. The following discharge instructions were reviewed with you and/or your caregiver(s) during the final visit(s) by WellsBrooke Certified Home Health Care staff. We strongly encourage you to:

Keep your scheduled appointment with Dr. \_\_\_\_\_ on date: \_\_\_\_\_

Continue to take medications as prescribed by your physician.

List Attached

Additional comments/instructions: \_\_\_\_\_

Continue with your home program as instructed by your therapist/nurse.

List Attached

Additional comments/instructions: \_\_\_\_\_

Follow the diet as prescribed by your physician and instructed by your nurse/dietician:

Diet: \_\_\_\_\_

Continue with skin/wound care as instructed by your nurse.

Instructions: \_\_\_\_\_

Follow through with community resource or other organization to which you have been referred (describe):

\_\_\_\_\_

Refer to the *Community Resource List* located in WellsBrooke Certified Home Health Care Patient Admission Booklet.

Other Instructions: \_\_\_\_\_

\_\_\_\_\_

If you have any questions concerning these instructions, please call your nurse/therapist at **419-931-9930**. We hope that, should you have a need for home care in the future, you will contact us.

**Clinician Signature/Title:** \_\_\_\_\_

I have received a copy of the discharge instructions.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_