

PATIENT NAME: _____

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 Bass Home Health Staff. You are 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 home program as instructed by therapist/nurse.

Refer to handouts

Additional comments/instructions: _____

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

Diet: _____ N/A

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

Instructions: _____

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

Refer to Community Resource List in Yellow Packet.

Other Instructions: _____

If you have questions concerning these instructions, please call your nurse/therapist at (580) 548-1116. We hope you will contact us if you have need for home care in the future.

Nurse/Therapy Signature/Title: _____

I have received a copy of the discharge instructions.

PATIENT SIGNATURE: _____