PATIENT DISCHARGE INSTRUCTIONS

Home Health Referral

Patient Choice Form Signed

If you are a smoker, it is recommended you quit. If you need information to quit smoking call 814-534-1990 or Pennsylvania Free Quitline at 1-800-QUITNOW.



Special Discharge Instructions (Care of Incision, Dressings, Blood Work, Etc.)	1.0	1
Special Discharge Instructions (Care of Incision, Dressings, Blood Work, Etc.) Take Meds As Ordered Avoir Dr Keep all Jollow up Appts Follow up Follow up	us / Alcotol fisky	Behay, ex
Take mas his ordered	. In Year is the	K ZWKS
Vers all Johow up Appts Follow up	W.13 - 4017. 727.	
	Referrals: i.e. Home Health, Hosp	W/-3
IF YOU HAVE SYMPTOMS OF: If thoughts of harming Self or Others Call Crisis.	Referrals: i.e. Home Health, Hosp	to Barrers of the second
Tot thoughts of narming	NUMBER PROPERTY	1 10 171
all Coll Crisis	1714 NOWOD PAR	LYPHA,
OTRUS O'CL	- Compc in	15604
PRICK	MAKAUL FI	136
CALL YOUR DOCFOR IMMEDIATELY! Phone: 535-853/	2000	
3)3 0391	10000	
Follow-up Appointments/Return to Physician/Clinic:	Diet: Resume diet as before a	dmission
1. Physician 1100 - 100 93 - 1.00 W	□ Regular	*
Phone 262-0025 N DO	☐ Special Diet ☐ Copy provided	
2. Physician	☐ Instruction Com	pleted
Phone	Fluids:	Lista prode and
3. Physician	Resume fluids as before Force Fluids	admission
Phone	Restrict Fluids	
G OLOMBAN 2010 SANSTONE SANSTO		TO NAME OF THE PARTY OF THE PAR
☐ No Restrictions on Activity Activity Restrictions: ☐ Housework ☐ Sp	orts • Sitting	☐ Heavy Lifting ☐ Driving
	- Constitution of the Cons	
	exual Activity	☐ Other
Stairs 🚨 Se	Xual Activity — Heten to work	
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Nurse/Physician Instr	uctin a Sianature:	
Patient Information Nurse/Physician Instru	ucting Signature:	3/2/1) Date/Time:
The above instruction	Shave been explained/to me so that I	3/2/11
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The above instruction Patient/Significant Date/Time:	Shave been explained to me so that I her Signature/ White Original, Medical Records - White, Dr.'s Office	S/2/1) fully understand them. S/2/25// Se or Clinic - Pink, Home Health - Yellow
The above instruction Patient/Significant Date/Time:	shave been explained to me so that I her Signature/	SIDIN fully understand them. SIDING Pink, Home Health Yellow
The above instruction Patient/Significant Date/Time:	Shave been explained to me so that I her Signature/ White Original, Medical Records - White, Dr.'s Office Conemaugh Valley Memory	fully understand them. Sylvary Se or Clinic - Pink, Home Health - Yellow Orial Höspital 1-534-9000





Nulton Diagnostic Treatment Center