

**COUNTY HOSPITAL HOME HEALTH AGENCY
DISCHARGE INSTRUCTIONS**

Patient's Name _____ Date _____

Identification Number: _____

Thank You for allowing Caldwell County Hospital Home Health Agency to provide services to you. The following are discharge instructions for you.

Appointment with Dr. _____

On _____ Date _____ Time _____

Appointment with Dr. _____

On _____ Date _____ Time _____

Please keep appointments with Doctor

Continue to take medications as prescribed

Continue to take medications as instructed below:

Continue with home program as instructed by therapist _____

Instructions Attached / Pt Information Booklet

Follow the diet _____ as prescribed by your
Doctor and instructed by Nurse _____ Dietician _____

Continue with skin/wound care per instructions: _____

Follow through with community referral of: _____

Other instructions: _____

If you have any questions regarding your discharge instructions please call 2 _____ or 1-800- _____.
We hope if you need home care in the future, you will contact us.

Nurse Signature _____ Date _____

Patient/Caregiver's Signature _____ Date _____