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. ___________________________ Date ________ Time ________
On ___________________________ Date ________ Time ________

Appointment with Dr. ___________________________ Date ________ Time ________
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 ____________________