

## What I Need to Know Before I Go Home

My name: \_\_\_\_\_

Date: \_\_\_\_\_

Hospital or health care center: \_\_\_\_\_

Ward or unit where I was treated: \_\_\_\_\_

Doctors who treated me: \_\_\_\_\_

Health problem I was treated for: \_\_\_\_\_

Medical treatment I received: \_\_\_\_\_

Instructions for my care at home: \_\_\_\_\_

What should I eat and drink? \_\_\_\_\_

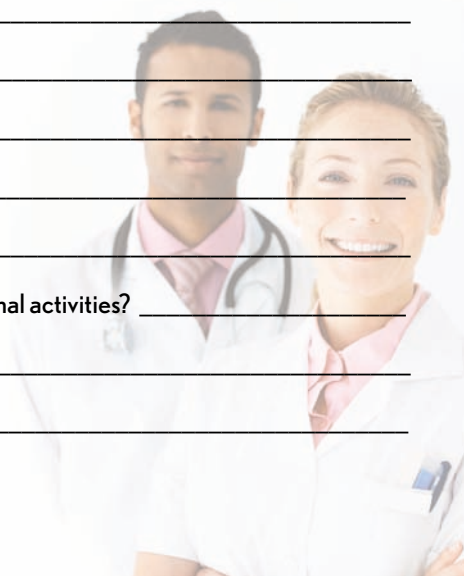
What should I avoid eating and drinking? \_\_\_\_\_

What activities can I do? \_\_\_\_\_

What activities should I avoid? \_\_\_\_\_

When can I go back to work or resume normal activities? \_\_\_\_\_

Name of medicine I am taking: \_\_\_\_\_



How to take the medicine: \_\_\_\_\_

\_\_\_\_\_

Follow-up appointments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone numbers to call if I have questions or problems: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other important information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

