

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? _____

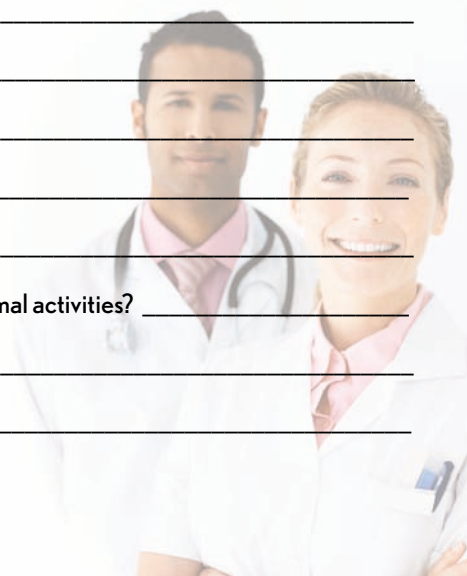
What should I avoid eating and drinking? _____

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: _____

