## 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:	
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	100
Phone numbers to call if I have questions or problems:	
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Other important information:	