



**HOSPITAL DISCHARGE INSTRUCTION PLAN**

**Reason** for hospital stay: \_\_\_\_\_

Information Reviewed with:     Patient     Family     Other \_\_\_\_\_

Discharge Medication Plan and Prescription Provided:     Yes     No     N/A

Medication Reviewed:     Yes     No     N/A

Home Medication Returned:     Yes     No     N/A

Diet Information Provided:     Yes     No     N/A

Activity / Exercise Program:     Yes     No     N/A

Valuables Returned:     Yes     No     N/A

Future Appointments:

Appointment	Appointment Date/Time	Please make an appointment	Comments

Patient Teaching / Information Provided:


Referrals Completed:

Program / Agency / Coordinator	Equipment / Services etc.

Home Care Contacted:     Yes     No     N/A

Referral sent to Home Care:     Yes     No     N/A

Home Care Services Start / Resume:     Yes     No     N/A

Patient / Caregiver restated Discharge Instructions back to care provider.

Copy provided to: \_\_\_\_\_  
(Patient/Caregiver Signature)

Completed by: \_\_\_\_\_ Date / Time: \_\_\_\_\_  
(Nurse Signature)

\*\*\* Original with patient, copy in chart