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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