McLAREN OCCUPATIONAL HEALTH/CONVENIENT CARE CENTER PATIENT DISCHARGE INSTRUCTIONS

Please 🗋 1254 N, Main St., Lapeer, MI 48446 (810) 667-7040

 Check
 □ 1523 S. Mission St., Mt. Pleasant, MI 48858 (989) 779-5600

 Location:
 □ 1523 S. Mission St., Suite 2, Mt. Pleasant, MI 48858 (989) 773-1166

 □ 2313 E. Hill Rd., Grand Blanc, MI 48439 (810) 496-0900

G910 S. Cedar St., Lansing, MI 48911 (517) 975-3110

OFFICE STAMP	
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McLaren Redi Care South - Lansing 6910 South Cedar Street Lansing, MI 48911 (517) 975-3110

	TIME IN:		TIME OUT:	
VOMITING				
Contact your doctor or go to the Emergency Department for any of the following:	OCCUPATIONAL MEDICINE FIRST INJURY REPORT - RETURN TO WORK STATEMENT			
- Vomiting continues for more than 24 hours - You become weak, dizzy, or faint	Company Name			
- Your emesis contains blood - You develop abdominal pain	Treatment			
 You develop a fever greater than 101° F You feel that you are getting worse Take medications as prescribed 	Condition is	Work-related	Not work-related	
No milk or dairy products while you are sick No food or drinks for 4 hours after vomiting then begin clear liquids in small frequent feedings	-	Clinic		
Once you are better slowly advance your diet to normal as tolerated		 Make appointment to be seen in Return here for follow up: 	days Date	
See your doctor/clinic within 3 days for follow up			Time	
Contact your doctor or go to the Emergency Department for any of the following:	Patient may return to	o regular work/school/sports		
- Diarrhea continues for more than 24 hours - You become weak, dizzy, or faint				
- Your stool contains blood - Your develop abdominal pain and/or swelling		Pending further evaluation and t		
- You develop a fever greater than 101° F Take medications as prescribed	Patient may return to Work restrictions inc	o restricted work on		
Do not eat solid food, milk or dairy products while you are having diarrhea. Slowly reintroduce these foods back into your diet when	Bending Squatting	Prolonge Prolonge	d standing	
you are better. Éat a BRAT diet – bananas, rice, applesauce, toast while you are having diarrhea.	Reaching Driving	Pushing	and pulling nded work	
Clear liquids in frequent small feedings while you are having diarrhea	Climbing Walking		n crutches	
GYNECOLOGICAL PROBLEMS Your urine pregnancy test was POS / NEG	Lifting Other		e exposure	
If you are pregnant you should: - Avoid alcohol and smoking	-	iction of pounds		
 Avoid medications unless approved by your doctor/clinic Begin prenatal care as soon as possible 	Patient is o			
 Go to the Emergency Department if you develop pain, bleeding, fever, weakness or dizziness 		ve this information to his/her superv		
Take medications as prescribed See your doctor/clinic for follow up within 3 days	GM employees sho 24 hours.	uld report to their GM Medical Depa	rtment with this information with	
Avoid sexual intercourse until approved by your doctor/clinic ELEVATED BLOOD PRESSURE	DIAGNOSIS			
You had an elevated blood pressure reading today If you are on medication(s) take them regularly as prescribed See your doctor/clinic for a blood pressure check within 7 days	PRESCRIPTIONS and OTHER INSTRUCTIONS			
Your blood pressure reading today was OTHER CONDITIONS				
Take medications as directed Follow up with your doctor/clinic in days Contact your doctor/clinic or go to the Emergency Department if worsening or problems persists	PHYSICIAN'S SIGN	IATURE DATE/TI	ME	
	PRINTED PHYSICI	AN'S NAME		
IMPORTANT NOTE				
With the exception of Occupational Care visits, this center is intended to provid	e episodic care for your	convenience. The examination	n and treatment that you hav	
received has been on an immediate care basis only. It was not intended to be	a substitute or replacem			
this intervention to your doctor/clinic and follow up with your doctor/clinic as dire	ected.			

I was given the opportunity to ask questions and I understand the instructions given to me. I hereby acknowledge receipt of the instructions above and realize that I may be released before all of my medical problems are known or treated. I will arrange for follow-up care and provide this instruction sheet to that provider as instructed.

PATIENT'S SIGNATURE

MM-34488-B (67725) (Rev. 10/14)

DATE

Patient Name:

WHITE: Patient YELLOW: Employer (work-related visits only) PINK: Medical Record

PATIENT DISCHARGE INSTRUCTIONS

Date of Birth: