McLaren Flint Flint, Michigan

McLaren Oak Bridge Partial Hospital Program **Patient Discharge Instructions**

After discharge, you should follow these instructions until you visit and/or talk with your physician. If your symptoms worsen, contact your physician immediately or go to the nearest emergency room.

Activity as tolerated. Diet as tolerated	Nat 12 S Me Chu Cor	commendations tural Supports referr Step supports Intal Health Support G Inch or spiritual Cente Inmunity Center or YV Inter	Yes No			
	<u>A</u>	ftercare Thera	<u>oy</u>			
Therapist Name	Agency	AgencyAppt Date/Time		Phone Number		
Psychiatrist Name	AgencyAppt Date/Time		Phone Number			
Case Manager Name	Agency Appt Date/Time_		Phone Number Med			
Medication Name Dose and Frequency	Date/Time N	lext Dose	Reason/comments	Meds at Home	Script given	info
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The Patient/Guardi	an states they un	derstand the al				
Patient/Guardian signature						
Staff Signature			Date			

