

**McLaren Print System Order**

**Order No: 86580**  
**Order Date: 2024-06-28**  
**User: Brooke Pearson**  
**Phone: 2316271370**

**Ship Location: McLaren Cheboygan- BHU Attn: Brooke Pearson**  
**748 South Main St**  
**Cheboygan, Mi 49721**

**Form**  
**Quantity: 500**  
**Paragon Dept No: 30462**  
**Dept Name: BHU**  
**Company Number:**

**Order Total Price: 22.40**

**Item Number: MHCC-649-MNM**  
**Item Description: Educational and Discharge Instructions for Mental Health Patient**  
**Revision Date: 04/2023**  
**Print: 2 sided black and white**  
**Paper: 20# White Text**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish: None**  
**Drill: None**  
**Poster:**  
**Misc Info: DS, Black**



**MCLAREN NORTHERN MICHIGAN**

**EDUCATIONAL AND DISCHARGE INSTRUCTIONS FOR THE MENTAL HEALTH PATIENT**

PATIENT NAME: \_\_\_\_\_

1. Based on your exam today, your healthcare provider has determined that you do not appear to be at risk for self-harm, at this time. You will be able to be discharged and be responsible for yourself. If a minor, younger than 18, an adult will be asked to assist a with the safety plan.

A suicide prevention safety plan is to assist you in a time of crisis and also for your healthcare outpatient provider to discuss with you.

Please complete prior to discharge, Suicide Prevention Safety Plan (attached).

2. Take your medications as prescribed.
3. Maintain a balanced diet, establish an exercise plan, at least three times a week for 30 minutes, and maintain a good sleep pattern.
4. AVOID alcohol, which can make depression symptoms worse.
5. Follow-up with your Primary Care Physician (Doctor).

Name: \_\_\_\_\_

Location: \_\_\_\_\_

Date and Time of Appointment: \_\_\_\_\_

Or your Psychiatrist or Therapist:

Name: \_\_\_\_\_

Location: \_\_\_\_\_

Date and Time of Appointment: \_\_\_\_\_

Attend all scheduled appointments.

6. Return to this facility immediately or contact your doctor if you begin to have any of the following:
  - You feel extreme depression, fear, anxiety, or anger toward yourself or others
  - You feel out of control
  - You feel that you may try to harm yourself or another
  - You hear voices that others do not hear
  - You see things that others do not see



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**Spec Info:**