Patient Name	DIAGNOSIS
Discharge sheets and instructions given to patient:	
❒ **Allergies**	
❒ **Animal Bites**	
❒ **Antibiotics**	
❒ **Back Injury**	PRESCRIPTION INFORMATION
❒ **Back - Low Back Disorder**	❒ Take medications as prescribed
❒ **Back - Exercise for low back pain**	
❒ **Cervical Strain**	
❒ **Cholesterol**	
❒ **Cough**	
❒ **Digestive Disease Info**	
❒ **Ear Infection**	❒ Follow instruction sheets checked in column on left
❒ **External Otitis (Swimmer's Ear)**	
❒ **Eye**	
❒ **Headaches**	
❒ **Head Injury**	FOLLOW-UP INFO/RETURN APPOINTMENTS:
❒ **Head Lice**	
❒ **High Fever**	**Return here for recheck appointment**
❒ **Hypertension**	
❒ **Inhaler**	❒ Next appointment here on _____ Date / Time _____
❒ **Migraines**	
❒ **Mononucleosis**	❒ Referred to:
❒ **Patello-Femoral Syndrome**	
❒ **Plantar Fasciitis**	❒ Call or return if there are any problems or concerns. (See phone numbers above)
❒ **Scabies**	
❒ **Shingles**	❒ Additional Instructions:
❒ **Shoulder**	
❒ **Sinusitis**	
❒ **Smoking**	
❒ **Splint**	
❒ **Sprain - Ankle**	
❒ **Sprains, Fractures, Severe Bruise**	
❒ **STD**	
❒ **Stool Collection Procedure**	
❒ **Sutured Wound Care**	
❒ **Tennis/Golfers Elbow**	
❒ **Throat - Upper Respiratory Infection**	
❒ **URI - Hydration Measures**	
❒ **UTI**	
❒ **Vomiting/Diarrhea**	
❒ **Warts**	
❒ **Wounds/Burns**	
❒ _____	
❒ _____	
❒ _____	Provider Initials: _____

I have read the above instructions and understand them. I realize that the success of treatment depends on following these instructions. I have received my copy of this statement.

Discharge Staff Signature-_____ Patient Signature: _____ Date: _____

Aftercare Instruction Sheet

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