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

Recommendations

Natural Supports referral in community

12 Step supports	Yes___ No_____
Mental Health Support Group	Yes____ No_____
Church or spiritual Center	Yes____ No_____
Community Center or YWCA	Yes____No_____
Other _____	Yes____No_____

Aftercare Therapy

Therapist Name _____Agency_____Appt Date/Time_____Phone Number_____

Psychiatrist Name _____Agency_____Appt Date/Time_____Phone Number_____

Case Manager Name _____Agency_____Appt Date/Time_____Phone Number_____

Medication Name Dose and Frequency	Date/Time Next Dose	Reason/comments	Meds at Home	Script given	Med info given

The Patient/Guardian states they understand the above recommendations/instructions

Patient/Guardian signature_____ Date_____

Staff Signature _____Date_____

Staff Comments_____

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