

Skilled Nursing Discharge Instructions

CARESPHERE | 1 EAST BROAD ST. SUITE 430, BETHLEHEM, PA 18018
TEL: 610-868-1801 | FAX: 610-954-9367



Client Name

Client ID#

D/C Date

Continue with medications as ordered:

Medication	Dose	Breakfast	Lunch	Dinner	Bed Time

_____ Report any changes in health/problems/questions to your doctor's office.

_____ Follow up with blood work at outpatient lab as ordered by your doctor or
mobile lab for blood work: _____

_____ Check blood sugar readings: _____

_____ Continue with wound care as follows: _____

_____ Medical Equipment Supplier: _____

_____ Other: _____

Community Referrals:



Thank you for choosing CareSphere for your home health services. We have enjoyed working with you to better your health and safety. Please follow your physician's instructions for appointments, blood work and referrals. Feel free to call us with any questions or comments to: CareSphere at 610-868-1801, Monday - Friday from 8am - 4pm.

Client/Caregiver Signature

Date

Nurse's Signature

Date



Notes:
