

Your
Hospital's
Logo
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INFUSION TREATMENT CENTER
**PATIENT
DISCHARGE FORM**

TEL (202) 555 - 1212 FAX (202) 555 - 1212

PATIENT IDENTIFICATION

FOR PATIENTS RECEIVING THEIR FIRST CHEMOTHERAPY TREATMENT -or- NEW TREATMENT REGIMEN

CHEMOTHERAPY / MEDICATIONS RECEIVED

DISCHARGE MEDICATIONS / PRESCRIPTIONS

TEACHING MATERIALS GIVEN TO PATIENT

- Chemotherapy and You
- Eating Hints
- Chemotherapy and Blood Counts
- Taking Time
- Specific Drug Information Sheets (list below):

- Oral Hygiene / Mouth Care
- "Look Good ... Feel Better" Brochure
- "I Can Cope" Brochure
- What You Need to Know About _____
- Other (list below):

INSTRUCTIONS GIVEN TO PATIENT

1. Signs & Symptoms of Infection / Significance of Blood Work / Febrile Neutropenia
2. Mouth Care / Management of Nausea & Vomiting / Constipation / Diarrhea
3. Nutrition / Importance of Increased Fluid Intake / Signs of Dehydration
4. Other (list below):

FOLLOW UP LABS / RETURN APPOINTMENT TO I.T.C.

OTHER

I have received the information / instructions listed above, and was given the opportunity to ask questions.

PATIENT'S Signature:	RN'S Signature / Title:	DATE:
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WHITE COPY = Chart

YELLOW COPY = Patient

PART OF THE MEDICAL RECORD