

Transitional Care Program
Discharge Hospital Guide:

The hospital I was admitted to: _____

My doctor's name in the hospital: _____

I was treated for: _____

My follow up appointment is on (what date and time): _____

With whom is my follow up appointment: _____

What is the phone number of my follow up appointment: _____

Pharmacy phone number and location with zip code:

My medications are:

Are there any medications or supplements I should avoid? _____

Can I eat my normal diet? _____

When can I shower or take a bath? _____

When can I have sex? _____

What signs should I look for that warrant a call to the doctor's office? _____

Is there anything else I should know?

For a medical house call for transitional care post discharge call:
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