

Acct: 703443739 Inpatient MRN: 3635943

Name: GROVE, CATHERINE

DOB: 01/15/1987 28y F

Richardson, Thomas 04/05/2015

BJH-15359-A

Patient Discharge Instructions

15300

Discharge Date: 04/09/2015

Principal and Secondary Diagnosis(es)

Principal Diagnosis: Normal psychiatric assessment

Allergies

No Known Allergies:

Patient Guidelines

Call Your Doctor If: * You feel hopeless or that you don't want to live.

* You hear or see things that others don't hear or see.

Call 911 or go to the closest emergency room right away if you feel like you want to hurt yourself or others.

Diet: You may resume your regular diet.

Activity: Activity as tolerated. Keep fit and active.

Care Instructions: Take your medicines as your doctor told you. Follow up with your doctor

as scheduled. Do not drink alcohol or use drugs.

Special Instructions: 24/7 crisis #-- 1-800-621-1693

please call if you need someone to talk to.

Additional Information: * Go to the closest emergency room or call your doctor if you have a sudden change in mood or behavior.

Current Care Provider(s)

Current Care Provider (s): Attending at Discharge: Richardson, Thomas

Referring Physician: NONE

Influenza Screening - September 15 thru March 31

Did patient meet criteria for vaccine this admission?: Out of season

Pneumonia Screening - Year Round

Did patient meet criteria for vaccine this admission?: No

Patient Returned Valuables

Returned Valuables: Yes

Vital Signs at Discharge

Time: 8:00AM

Temperature (C): 36.7 degrees C Temperature (F): 98 degrees F

Pulse Rate: 85 bpm

Respiratory Rate: 16 breath per minute Non Invasive BP Systolic: 113 mm Hg Non Invasive BP Diastolic: 81 mm Hg

Case Management

Discharge Disposition: Home Discharge Transportation: Car

Plan of Care

Requested By: yyg2553



Acct: 703443739 Name:

DOB:

GROVE, CATHERINE 01/15/1987

28y

Inpatient

04/05/201

Richardson, Thomas 15300

BJH-15359-A

MRN:

Patient Discharge Instructions

Appointments

Access 5656 N Jackson, Jacksonville Tx 75766 903-589-9000

Additional Information/Appointments: Your nurse will give you a follow up appointment at the of your discharge.

Patient Signature: Catherie Some

Date: 4-9-15 Time: 11:30