Hazrat-e Zahraye Marzieh Hospital and charity clinic (PBUH)
Training form to the patients and their companions at the time of discharge

File Number:

last name:	First name:	Ward :	Attending physician :
Father's name:	Date of birth:	Room : Bed :	Admission Date:

Training	Discharge training by the attending physician							
Drugs used at home for the current and previous illness based on drug combinations	**Name and form of the medicine "In Persian alphabet"**	**Amount and time of taking the medicine**	**How to take the medicine**	**Before meal - after meal – during meal – empty stomach**			**Others**	**Seal and signature of the physician**
		Amount of .... every .... hours						
		Amount of .... every .... hours						
		Amount of .... every .... hours						**Name of the previous medicines at home**
		Amount of .... every .... hours						
		Amount of .... every .... hours						
		Amount of .... every .... hours						
		Amount of .... every .... hours						
		Amount of .... every .... hours						
		Amount of .... every .... hours						
Nutrition	Diet and necessary tips :							
Home care	Physical status and type of activity at home :							
	Warning signs for going to the emergency room or physician:							
	Medical tips at home :							
	To continue the treatment process after discharge, refer to the morning/evening clinic or office of Dr. …….. with all of the medical records and the last suggested lab. report and graphy after …….. days on the date of ……….							

Discharge trainings by the nurse/pamphlet code, booklet, presented trainings		**Seal and Signature Nurse**
Name of medicine should be used at home		
Medicinal Care		
Foods are allowed		
Foods should be avoided		
Patient's physical status at home		
Self-care at home		
Time and place of the next referral to the physician		

*Self-care program includes rehabilitation techniques and wound care of surgery , connection tubes of the patient, medical warning signs, activity, pain relief.

Sign / patient's fingerprint or companion

Visit the website at " www.Zmhospital.ir" to use of patient and family's specific educational content.

Date and time of filling out the form

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