

**WHEN I LEAVE HOSPITAL
 MENTAL HEALTH & SUBSTANCE USE**


* 1 1 3 6 9 *

Discharge Instructions

Discharge Date: _____

 My family/support person(s) are: aware of my discharge (where possible and with my consent) not aware of my discharge

MY FOLLOW-UP CALL

 I will receive a check-in call within 48 hours of leaving the hospital. **If I cannot be contacted, my support person(s) and/or emergency services may be contacted to make sure I am safe.**
 I prefer to be contacted at this phone number(s): _____

 I decline follow-up contact because: _____

 I am not able to receive follow-up contact because: _____

If I cannot be reached, it is ok for staff to contact my support person: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name:	Relationship:	Phone #(s):
If I cannot be reached, it is ok for staff to contact my support person: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name:	Relationship:	Phone #(s):

MY NEXT APPOINTMENT(S)

Name & Service	Date	Time	Address & Phone Number

 If a follow-up appointment has not been scheduled, specify why not: *(does not apply to certified patients on extended leave)*
 I decline a follow-up appointment because: _____

 I am receiving/seeking other services from: _____

 I live out of town/country and will schedule my own follow-up appointment when I return home *(for clients outside VCH/PHC)*
 I'm being transferred or discharged to an acute or tertiary hospital, or sub-acute site at: _____

 Patient initiated discharge, is absent without leave, or did not return from pass

MEDICATIONS I have received my discharge prescription N/A

 I will pick up my medications at this pharmacy _____

 I will get my medications after they are delivered to _____ from _____ pharmacy

 I will get my next injection medication at _____ on _____

HARM REDUCTION See below N/A

 Education (VCH/PHC) Handout (VCH/PHC PHEM) Naloxone Kit: Yes No (specify reason): _____

MY SAFETY PLAN Attached See below

MY FIRST PEOPLE TO CONTACT if I feel unwell or I am in crisis are:

Name:	Phone #(s):	Name:	Phone #(s):

 If I am in crisis and **CANNOT REACH MY FIRST PEOPLE TO CONTACT**, I will phone one of the other numbers below or on my local resource list, call 911, or go to the nearest Emergency Department

BC Crisis Centre: Call: 1-800-SUICIDE (24h) Web: www.crisiscentrechat.ca (12 pm to 1 am)	Mental Health Support Line: Call: 310-6789 (24h) Web: www.crisislines.bc.ca	Kuu-U's Indigenous Crisis Line: Call: 1-800-588-8717 (24h) Web: www.kuu-uscrisisline.com
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Completed by: _____

Patient

Support Person

Staff