Follow-up Instructions

Keep this page and take it with you to your next appointment. Follow only the instructions checked below.

[ ] Call your doctor or the Emergency Department if you develop any unusual signs or symptoms within the next 24 hours, especially:

- abdominal pain, diarrhea, vomiting
- severe weakness
- rapid heart rate
- shortness of breath, coughing, or wheezing
- increased pain or discharge from injured eyes

[ ] No follow-up appointment is necessary unless you develop any of the symptoms listed above.

[ ] Call for an appointment with Dr. ______________ in the practice of ______________________. When you call for your appointment, please say that you were treated in the Emergency Department at ______________ Hospital by ______________________ and were advised to be seen again in ____________ days.

[ ] Return to the Emergency Department/ ______________ Clinic on (date) ______________ at ______________ AM/PM for a follow-up examination.

[ ] Do not perform vigorous physical activities for 1 to 2 days.

[ ] You may resume everyday activities including driving and operating machinery.

[ ] Do not return to work for ____ days.

[ ] You may return to work on a limited basis. See instructions below.

[ ] Avoid exposure to cigarette smoke for 72 hours; smoke may worsen the condition of your lungs.

[ ] Avoid drinking alcoholic beverages for at least 24 hours; alcohol may worsen injury to your stomach or have other effects.

[ ] Avoid taking the following medications: _____________________________________________

[ ] You may continue taking the following medication(s) that your doctor(s) prescribed for you:
________________________________________________________________________________
________________________________________________________________________________

[ ] Other instructions: __________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

- Provide the Emergency Department with the name and the number of your primary care physician so that the ED can send him or her a record of your emergency department visit.

- You or your physician can get more information on the chemical by contacting: __________________ or __________________, or by checking out the following Internet Web sites: ____________________________; ____________________________.

Signature of patient ___________________________ Date ___________________________

Signature of physician ___________________________ Date ___________________________