Centre intégré de santé et de services sociaux de la Montérégie-Ouest
Québec

FORMULAIRE ADMINISTRATIF
Discharge information

Requisition(s) given or ☐ Not applicable

	To do
☐ **Medication prescription** (Original prescription given)	☐ Bring the prescription to your pharmacy ☐ The prescription was sent electronically to your pharmacy (give a copy of the original prescription only)
☐ **Blood test requisition** (Original requisition given) ➤Blood test to be done: yyyy/mm/dd	☐ Schedule an appointment through https://www.clicsante.ca or call Services Québec at 1-877-644-4545 ☐ The home care team will call you
☐ **Medical imaging requisition** (Original requisition or copy given) ➤Medical imaging test to be done: yyyy/mm/dd	☐ The hospital will call you to schedule the appointment ☐ Go to the radiology department (walk-in) for your test ➤ See the requisition for contact information
☐ **Hospital discharge summary sheet** (Copy given)	Give to your family doctor

Wound care, removal of staples/sutures, other or ☐ Not applicable

	To do
☐ **Requisition for removal of staples or sutures** (Original requisition given) ➤Removal of staples or sutures to be done: yyyy/mm/dd	☐ Schedule an appointment with your CLSC ☐ The CLSC will call you ☐ The home care team will call you
☐ **Requisition for dressing changes and wound care** (Original requisition given)	☐ Keep your dressing on until your follow-up appointment with the surgeon ☐ Remove the dressing and/or Steri-Strips yourself on: yyyy/mm/dd ☐ Make an appointment at your CLSC for dressing removal and wound care ☐ The CLSC or home care team will call you for dressing removal and wound care
☐ **Other**	

Last dose of medication(s)

☐ Pain medication Name: _____ Date: yyyy/mm/dd Time: hh:mm

☐ Anticoagulant Name: _____ Date: yyyy/mm/dd Time: hh:mm

☐ Antibiotic Name: _____ Date: yyyy/mm/dd Time: hh:mm

Appointment at another hospital (Copy of requisition given) or ☐ Not applicable

Physician: _____ Specialty: _____ Date: yyyy/mm/dd hh:mm ☐ The hospital will call you	Physician: _____ Specialty: _____ Date: yyyy/mm/dd hh:mm ☐ The hospital will call you	Physician: _____ Specialty: _____ Date: yyyy/mm/dd hh:mm ☐ The hospital will call you

Follow-up appointment at the hospital (Copy of requisition given) or ☐ Not applicable

To cancel or change your appointment, call the appointment centre between 8 a.m. to 4 p.m. from Monday to Friday

Physician: _____ Specialty: _____ Date: yyyy/mm/dd hh:mm ☐ The hospital will call you	Physician: _____ Specialty: _____ Date: yyyy/mm/dd hh:mm ☐ The hospital will call you	Physician: _____ Specialty: _____ Date: yyyy/mm/dd hh:mm ☐ The hospital will call you
Physician: _____ Specialty: _____ Date: yyyy/mm/dd hh:mm ☐ The hospital will call you	Physician: _____ Specialty: _____ Date: yyyy/mm/dd hh:mm ☐ The hospital will call you	Physician: _____ Specialty: _____ Date: yyyy/mm/dd hh:mm ☐ The hospital will call you

Appointment with your family doctor or ☐ Not applicable

Make an appointment with your family doctor in: _____

Discharge instructions or ☐ Not applicable

_____

_____

_____

Important contact information / Alternatives to Emergency:

Appointment centre: • Hôpital du Suroit: 450-371-2811 • Hôpital Anna-Laberge: 450-699-2425, #2464	**Social and community services:** 211 **Info-Santé**: 811
Guichet d'accès aux services de soutien à l'autonomie (GASSA): 1-833-774-2772	
CLSC: • Châteauguay: 450-699-3333 • Salaberry-de-Valleyfield: 450-371-0143 • Vaudreuil-Dorion: 450-455-6171 • Beauharnois: 450-429-6455 • Saint-Chrysostome: 450-829-2321 • Coteau-du-Lac: 450-763-5951	 • Kateri: 450-659-7661 • Napierville: 450-245-3336 • Huntingdon: 450-829-2321 • Saint-Rémi: 450-454-4671 • Rigaud: 450-451-6609 • Saint-Polycarpe: 450-265-3771