

## Other information in your discharge pack

- |                          |                            |                          |                      |
|--------------------------|----------------------------|--------------------------|----------------------|
| <input type="checkbox"/> | All about your health pack | <input type="checkbox"/> | Your treatment plans |
| <input type="checkbox"/> | Your care plan             | <input type="checkbox"/> | Your Medication      |
| <input type="checkbox"/> | Listen to me               | <input type="checkbox"/> | .....                |

## Contact Numbers

Consultant Psychiatrist



.....

Community Nurse



.....

Social Worker



.....

.....



.....

.....



.....



# Leaving Greenways

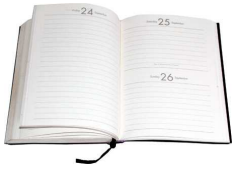


Discharge Information for:

.....

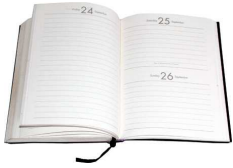
The information in this leaflet was valid at the date of production **November 2018** and is due for review in **November 2020**.

## Your support at Greenways



You came to Greenways on

.....



You left Greenways on

.....

## Your Medication

We have written here how you can get your medication.



.....  
.....  
.....

The telephone number for Greenways



**01625 508 550**



## Your Appointments



### 7 day follow up

Date:.....Time:..... Place:.....

The name of the staff who will meet with you

.....

### Post discharge meeting

Date:.....Time:..... Place:.....

### Outpatient appointment

The doctor will send you a letter with the date and time of your appointment.

