

## **Patient Guidelines**

A patient is responsible for their recovery as much as the treatment team is. Here are some patient guidelines that we request all patients to follow at all times.

- It is the responsibility of the patient to provide accurate and up-to-date information of all their previous and current ailments, surgical procedures, injuries, hospitalizations, and medications to our treatment team.
- It is the responsibility of the patient to help the treatment team understand their unique circumstances. This will enable the treatment team to develop an effective after care program for the patient.
- · The patient must inform the treatment team immediately about any uneasiness/discomfort they feel during treatment.
- If the patient does not understand their treatment plan or faces any difficulties in following the prescribed plan, they can discuss it with their treatment team.
- The patient would be responsible for consequences arising from not following or partially following the instructions of their treatment team.
- The patient is required to maintain the decorum of the facility and not disturb fellow patients.
- The patient would be responsible for consequences arising from not following the prescribed after care treatment program.
- The patient is required to respect the privacy and comfort of other patients and is advised against entering their spaces.
- The patient is requested to be appropriately dressed at all times within the treatment center.
- Damaging or removing any property of the treatment center, staff or a fellow patient is not welcome.
- · Violence, in any form, towards the treatment center, staff or a fellow patient is not welcome.
- The patient is requested to speak with the staff and others in polite tones and courteous manner. All of us are here to help you recover.
- Use of illegal substances, narcotics, drugs, and alcohol is strictly prohibited.

Please sign below to indicate that you have read and understood all the patient guideline laid out.	
Name of the Patient:	Contact Number:
Name of the Psychiatrist:	Signature: