

Hospital Medical Report

This form is to be completed by the patient's hospital doctor

Private & Confidential

Patient's Name		Date of birth
Ward	Hospital	Consultant

Dear Doctor

The above patient, who is currently an in-patient under your care, is due to be admitted to one of our care homes. In order that we can safely look after him/her, we need you to send us information about his/her medical history.

Please can you send a discharge summary, including the following information:

When were they admitted to your hospital?

Reason for admission and medical diagnosis

anything say anything stupid what about it you are stupid exit

Past medical history (if known)

Progress on ward

Current clinical condition