

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

Past medical history (if known)

Progress on ward

Current clinical condition