

## Discharge Summary USE BLACK INK ONLY

Patient Details		Admission and GP Details	
Surname		Discharging Consultant	
Forename	M / F/ .....	Discharging Speciality/ Department	
Date of Birth		Method of Admission	
NHS/ Hosp No.		Date of Discharge	
Address		Date of Discharge	
		G.P. Details	
Tel No.			
<b>Diagnosis at Discharge</b>		<b>Operations and Procedures</b>	
<b>Reason for Admission and Presenting Complaint(s)</b>			
<b>Clinical Narrative</b>			
<b>Relevant Investigations and Results</b>			
<b>Discharge Destination</b>			
<b>Relevant legal Information (e.g. was an independent Mental Capacity Act Advocate required)</b>			
<b>Information given to patient and/or authorised representative (including e.g. see GP in 2 weeks)</b>			
<b>Physical Ability &amp; Cognitive Function :</b>		<b>On Admission</b>	<b>At Discharge</b>
Physical			
Cognitive			
Other			
<b>Advice, recommendations and future plans (including results awaited and outstanding investigations)</b>			
G.P. Actions (Date)			
Strategies for potential problems			

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<b>Name</b>	<b>D.O.B</b>	<b>NHS/ Hosp No.</b>
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<b>Actions and Outstanding Investigations</b>					
	Action	Person Responsible	Date		
Hospital (e.g. OP Appt) /Investigations					
Community & Specialist Services (e.g. nursing, therapy)					
<b>Medications Stopped/ Changed</b> <b>Yes/ No</b> If yes please give details:				<b>Allergies/ Risks &amp; Warnings</b>	
<b>Discharge Medications</b>	<b>Dose</b>	<b>Frequency</b>	<b>Route</b>	<b>Duration</b>	<b>Quantity Supplied (Pharmacy used)</b>
Compliance aid? Dossette/ Nomad/ Other		Supplying Pharmacy			
Pharmacy dispensed by		Checked by		Date	

Details of Discharging Doctor

Print Name \_\_\_\_\_ Doctors Signature \_\_\_\_\_  
 Date \_\_\_\_\_ Grade..... Bleep No. \_\_\_\_\_