

Discharge Summary USE BLACK INK ONLY

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

Discharge Summary USE BLACK INK ONLY

Details of Discharging Doctor

Print Name _____

Doctors Signature _____

Date _____ Grade..... Bleep No. _____