

**Hospital Medical Report**

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

Private & Confidential

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| **Patient’s Name:** Sang woo, Cho |
| **Date of birth:** 1996-09-11 |
| **Ward:** None |
| **Hospital:** Severance |
| **Consultant:** Gild dong, Hong |

**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:**

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| **When were they admitted to your hospital?** |

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| **Reason for admission and medical diagnosis:** |

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| **Past medical history (if known):** |

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| **Progress on ward:** |

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| **Current clinical condition:** |