Southampton NHS
University Hospitals NHS Trust

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.	
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)

G.P. Actions (Date)

Strategies for potential problems

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Name	D.O.B	NHS/ Hosp No.

Actions and Outstanding Investigations

	Action	Person Responsible	Date
Hospital (e.g. OP Appt) /Investigations			
Community & Specialist Services (e.g. nursing, therapy)			

Medications Stopped/ Changed **Yes/ No**

If yes please give details:

Allergies/ Risks & Warnings

Discharge Medications	Dose	Frequency	Route	Duration	Quantity Supplied (Pharmacy used)

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. _ _ _ _ __ _ __ _ __ _ __ __