

West Cornwall Hospital
Penzance
TR18 2PF
Tel: 01736 874000

St Michael's Hospital
Hayle
TR27 4JA
Tel: 01736 753234

Royal Cornwall Hospital
Truro
TR1 3LJ
Tel: 01872 250000

Department:

Discharge Summary

Health Care Professional:

Dr

NHS Number:

Secretary:

Reference:

E-Mail:

Date of Birth:

 **Tel:**

01872 25

Date Typed:

GP:

Date Emailed to GP:

Patient:

Dear Doctor

Date Admitted:		Date Discharged:	
Admitting Consultant:		Discharging Consultant:	
Type of Admission:			

Presenting Complaint (Including external cause of injury)	
Past Medical History to include Co-Morbidities	
Examination findings on admission	
Primary Diagnosis (Reason for Admission)	
Treatment/Progress (To include complications)	
Conditions arising during hospital stay (UTI, MRSA)	
Investigations/ Procedures/Results	

If patient has had a surgical procedure please complete below			
Date of Operation		Consultant Name	
Type of Anaesthetic			
Procedure Details			
Postoperative Complications			
Drugs on discharge			
High cost drugs given			

Chairwoman: Dr Mairi McLean Chief Executive: Kate Shields

Department:

Patient Name:

Discharge Summary

NHS Number:

Has discharge been delayed? If yes please indicate reason	
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Follow up plans commenced by the hospital	
Outstanding Investigations ordered by the hospital	
Appointments made or requested by the hospital	

Recommendations for follow up plan to be commenced by GP			
	Plan 1	Plan 2	Plan 3
Action (home visit)			
Reason (dress wound)			
By whom (DN / HV)			
When			
Hospital / GP to arrange			
Medical Certificate Issued (Must last until review date or expected date of recovery)	Patient has/has not been advised to refrain from work for _____ weeks A certificate has been given and expires on _____		
Medical and Nursing information given to patient / carer			

Private & Confidential – Addressee Only