File within 3rd spine

NHS number: _____
Name: _____
Address: _____
_____
Date of birth: _____
CR number: _____

Affix patient label

NHS
Royal Cornwall Hospitals
NHS Trust

Inpatient inter healthcare transfer / Discharge information form - For people with plaster casts

Discharging facility:	Receiving facility:

Medical

Diagnosis:

Relevant past medical history:

Mobility assessment:

GP:	**Consultant:**
Date admitted:	**Affected limb:**

VTE

Please confirm a VTE risk assessment has been completed (for lower limb cast only): Y ☐ N ☐

Has the patient been commenced on VTE prophylaxis: Y ☐ N ☐

If not please state reason why (please tick) - Not applicable ☐ Pt is low risk ☐ Contra-indicated ☐
Patient already formally anticoagulated ☐

Print name:	**Signature:**	**Designation:**

affix patient label

Skin Integrity (please tick appropriately)

Skin	Tick	Actions	Tick	Comments
Intact		Wound		
		Pressure sore		
Other		Macerated skin		
		Fracture blister		

Discharge Cast Plan (please tick appropriately)

Information	Tick	Actions	Comments
Written information given		Name:	
Verbal information given		Name:	

Next Outpatient appointment	**Date:**
Next planned cast change	**Date:**

Print name:	**Signature:**	**Designation:**