Discharge Form

Patients Name and DOB:

Date left the care home :

Address of where they have gone:

Previous/ Normal GP Practice:

(Medical practice they were registered with before us or if temporary patient the practice they are currently with)

If the resident is moving back home and is permanently registered with ourselves please ensure they/ family/ NOK are aware that it is recommended to registered with previous practice.

If patient is a temporary patient with us please ensure we know ASAP so we can send their notes to their GP Practice.

Form and any other information to be sent to cmicb-cheshire.fichs@nhs.net