# Unsafe Discharge Form

## Customer details

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full name |  | | | | | GP Number | |  |
| Date of Birth |  | | | | | Telephone No. | |  |
| Full address |  | | | | | Name of family carer | |  |
| Location | | | | | | | | |
| Hospital | |  | | | | Ward | |  |
| Details of unsafe discharge | | | | | | | | |
| Date of admission | | | | |  | | | |
| Date of discharge | | | | |  | | | |
| Was the person discharged in your view prematurely? *(delete as appropriate)* | | | | | YES/NO | | | |
| Was the person re-admitted after this? *(Delete as appropriate)* | | | | | YES/NO | | | |
| If YES, please tell us what date the person was re-admitted? | | | | |  | | | |
| Background | | | | | | | | |
| Please state any other background details to this case, including why is it an unsafe discharge and any significant dates or actions undertaken, if not stated above | | | | | | | | |
|  | | | | | | | | |
| Declaration | | | | | | | | |
| **Signature** | | |  | | | | **Date** |  |
| Please forward a copy of the completed form to:   1. Patient Safety Department,   Bolton NHS FT Contact details : [icsdgovernance@boltonft.nhs.uk](mailto:icsdgovernance@boltonft.nhs.uk)   1. NHS Bolton CCG for monitoring at [gmicb-bol.incidents@nhs.net](mailto:gmicb-bol.incidents@nhs.net)   A copy should also be saved in the customer’s care file.  …………………………………………………………………………………………………………… Office use only | | | | | | | | |
| Establishment | | | |  | | | | |
| Name of person submitting form | | | |  | | | | |
| Date of submission | | | |  | | | | |