# 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 1. NHS Bolton CCG for monitoring at 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 |  |