





My hospital visit – information to take home

Name:

Date of birth:

Date of admission/attendance:

Date of discharge:

	<p>Where was I seen in the hospital? What hospital? What clinic/ward/department?</p>
	<p>Who did I see at the hospital? What healthcare professional?</p>
	<p>Why did I come to the hospital?</p>
	<p>Did I have any tests or procedures?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What were these?</p>



Has my medication changed?

- Yes
- No

What is my medication now?



Do I need any equipment?

- Yes
- No

How will I get it?



What was discussed?



What advice or information do I need to have?



Do I need to come back to the hospital?

- Yes
- No

Where do I need to go?



What should I do if I feel unwell at home?



Any questions?

Date completed:

Completed by:

Service name:

For staff only:

Please do not use jargon. Keep words simple
Please always consider mental capacity
Please photo copy once complete, file copy in patient's notes and ensure patient has original
Emergency attendance: Please ensure family and/or carer is aware of this

More information

More information about visiting a Royal Free London hospital, please visit our website:

www.royalfree.nhs.uk/patients-visitors/disabled-facilities/patients-with-a-learning-disability

Your feedback

If you have any feedback on this leaflet please email:

rf.communications@nhs.net

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