

Patient Care Record

## DISCHARGE AGAINST MEDICAL ADVICE DISCLAIMER

Setting: e.g. Trustwide  
Patients: e.g. Adult inpatients  
For use by: e.g. Registered Clinical Staff

*CAUTION - Do not use away from this specified scope*

Trust no: \_\_\_\_\_  
NHS no: \_\_\_\_\_  
Surname \_\_\_\_\_  
Forename (s) \_\_\_\_\_  
Gender \_\_\_\_\_ D.o.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Hospital: \_\_\_\_\_ Ward: \_\_\_\_\_

Consultant: \_\_\_\_\_

I, \_\_\_\_\_ (Patient)

take full responsibility for discharging myself from hospital.

The possible consequences have been explained to me by \_\_\_\_\_ (Doctor)

and I fully understand that my action is contrary to medical advice.

I understand that no provision for community services can be made at such short notice.

Signature (Patient): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature (Doctor): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name (Doctor) PRINT: \_\_\_\_\_

Signature (Witness): \_\_\_\_\_

Name (PRINT): \_\_\_\_\_

Role or address if not staff: \_\_\_\_\_