

FAX 2 – Notification of Confirmed Date of Discharge Notification to Social Services & Confirmation of service availability (Section 5 of Community Care Delayed Discharges Act 2003)		
Patient Details <i>Please use a patient label</i>	Ward:	
	Ward ext number:	
	Staff Nurse:	
	Consultant:	
Part B Key Dates Log		Date
Multidisciplinary Team meeting held on		
2 Date Section 5 (Fax 2) sent to Social Services (to be completed by Discharge Team)		
3 Agreed Discharge Date (this date MUST be agreed by a Social Worker if your ward does not have an MDT meeting, please phone the Social Worker/Community Care Officer involved and agree a date. Name of Social Worker/Community Care Officer who has agreed the discharge date <hr/>		
Part C Health Services Availability <i>(To be completed by ward staff)</i>		Date
The following health services, required in the agreed discharge arrangements will be available on the confirmed date of discharge (date 4 above) Give brief description (EG Community Nurse / Equipment / Continence products etc)		
Part D Confirmation of Department of Adult Care Availability <i>(To be completed by Social Worker/Community Care Officer)</i>		
The following Social Services are required in the agreed care plan: Give reasons why any social services will not be available:		

Leaving hospital Leaflet given Yes No:

Signature of Social Worker/Community Care Officer	Print Name

Signature of Medical Professional	Print Name