DFC Discharge Form

This form is to be filled out for at the time of discharge from the clinic.

motivation australia

Client Number:									Date:	

Assessors:	

1. Interview and assessment

Information about the client

Name:			
DOB:		Gender:	Male ☐ Female ☐ Other ☐ _____

Discharge Information

Date of Discharge:		Date of initial assessment:	
Reason for Discharge:	Ulcer healed ☐		Failure to attend appointments ☐
Amputation ☐ Surgical Debridement ☐	Client Deceased ☐		Client does not wish to continue ☐
	Initial Number of Wounds:		
Comments:			
Long-term offloading device provided:	Yes ☐ No ☐		
If 'no', why?			
Type of device provided:			

General physical condition (Nursing/Medical)

Weight: _____kg	BSL: _____ mmol/L	Blood pressure: _____ mm Hg	Heart rate: _____ bpm

2. Client instructions

3. Planning

Appointment type	Date:	Time:

4. Agreement signatures

Client:		Clinician:		Date:	