

JDCBS - Discharge Form

Date of discharge (DD/MM/YYYY): ____/____/____

Reason for Discharge:

☐ Moved to another JDCBS Centre;

if Yes, JDCBS hospital name: _____

Reason moved to another Centre: ☐ Adult care ☐ Adolescent care ☐ Paediatric care

☐ Moved to another non-JDRG Centre;

if Yes, Hospital name: _____

Consultant (if known): _____

Reason moved to another Centre: ☐ Adult care ☐ Adolescent care ☐ Paediatric care

☐ Withdrawn

Reason for withdrawal: _____

☐ Lost to follow up

☐ Death

☐ Change of Diagnosis

New Diagnosis: _____

☐ Other

Reason for withdrawal: _____

Consent to long term follow-up even after discharge: ☐ Yes ☐ No

Patient email address: _____

Parent email address: _____