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Patient Family Communication

Patient Label

Name: _____ Age/Sex: _____
UHID No. _____ IP NO._____
Date of Admission: _____ Dept./Unit: _____
Date of Discharge: _____ Bed No.: _____
Ward: _____ Doctor-in charge: _____

Patient Family Communication Record

Date:. Time:

Diagnosis:

Issues Discussed / Counselling Done & Plan / Action Taken

Prognosis: ☐ Very Poor ☐ Poor ☐ Fair ☐ Good

Condition of Patient: ☐ Very Critical ☐ Critical ☐ Improving ☐ Stable ☐ Good ☐ Satisfactory ☐ Deteriorating

Doctor's Sign _____ Name _____ ID _____

Counsellor's/MSW's Sign (If applicable) _____ Name _____ ID _____

Interpreter's Sign (If applicable) _____ Name _____ Contact No. _____

I have hereby understood completely the issues/plan explained to me by the above signed person in a language. I understand.

Patient's/Relative Sign _____ Name _____ Relationship_____

Patient Label

Name: _____ Age/Sex: _____
UHID No. _____ IP NO._____
Date of Admission: _____ Dept./Unit: _____
Date of Discharge: _____ Bed No.: _____
Ward: _____ Doctor-in charge: _____

Daily Patient's Status Briefing Record

Date	Time	Name of Doctor	Explained Patient's Condition to Patient's Relatives	Doctor's Sign.	Name & Relationship with Patients	Patient's Relative's Sign.

Disclaimer

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