

Study number:

Date of inclusion: ___/___/___

Discharge Form

Please fill this form in via the CASES website, <https://cases-trial.eu/ontslaggegevens-discharge-data.html>, NOT in CASTOR!

Patient

Center: _____ Study ID: _____

First name + surname: _____

Street +house number: _____

Zipcode: _____ Town/City: _____

Telephone number(s): _____ Email address: _____

In which language should the patient be addressed:

- Dutch
- English
- French

General Practitioner

First name + surname: _____

Town/City: _____ Telephone number: _____

Discharge destination

Discharge destination:

- Home
- Rehabilitation facility
- Nursing home
- Hospital
- Other

Name of discharge destination: _____

Does the patient want to share contact details of other relatives/acquaintances?

- No
- Yes

Which person should be contacted first:

- Patient
- Contact person 1
- Contact person 2

<p>Contact person 1</p> <p>Name + surname: _____</p> <p>Relation the patient: _____</p> <p>Telephone number(s): _____</p> <p>Email address: _____</p>	<p>Contact person 2</p> <p>Name + surname: _____</p> <p>Relation the patient: _____</p> <p>Telephone number(s): _____</p> <p>Email address: _____</p>
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Review all Data for this Visit

<p>Physician</p> <p>Date: ___/___/___</p> <p>Signature: _____</p>	<p>Study Nurse</p> <p>Date: ___/___/___</p> <p>Signature: _____</p>
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Other, comments: _____
