**Additional information to be included in standard hospital discharge summary after inpatient stay for diabetic foot disease**

**The consultant responsible for the care of this patient’s diabetic foot disease:**

…………………………………

**For any queries about this patient’s foot disease contact:**

Tel:

Fax:

Email:

**Follow up:**

□ F/u in Diabetic foot clinic in ………………

□ F/u in Diabetes Clinic in …………………….

□ F/u in Orthopaedic clinic in ……………….

□ F/u in Vascular foot clinic ………………….

□ F/u in Podiatry clinic in ……………………..

**Actions for GP:**

**Antibiotics at the time of discharge:**

□ This patient is not being discharged on antibiotics

□ This patient is being discharged on …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….with a stop date of \_\_/\_\_/\_\_.

□ This patient is being discharged on

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….. to be continued till review on \_\_/\_\_/\_\_ by …………………………………………………………………………….