|  |  |
| --- | --- |
|  | (Name of RCHD) |
| **Death and Discharge Record** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Death/ Discharge** | **Name of resident** | **HKIC No.** | **Sex/Age** | **Date and place of hospitalisation (if applicable)** | **Date of death/ discharge and place of death** | **Reason of death/Place of discharge to and source of information** | **Remarks** |
| ☐Death  ☐Discharge |  |  |  |  |  |  |  |
| ☐Death  ☐Discharge |  |  |  |  |  |  |  |
| ☐Death  ☐Discharge |  |  |  |  |  |  |  |
| ☐Death  ☐Discharge |  |  |  |  |  |  |  |
| ☐Death  ☐Discharge |  |  |  |  |  |  |  |
| ☐Death  ☐Discharge |  |  |  |  |  |  |  |
| ☐Death  ☐Discharge |  |  |  |  |  |  |  |
| ☐Death  ☐Discharge |  |  |  |  |  |  |  |
| ☐Death  ☐Discharge |  |  |  |  |  |  |  |
| ☐Death  ☐Discharge |  |  |  |  |  |  |  |
| ☐Death  ☐Discharge |  |  |  |  |  |  |  |