[Hospital Name]
[Department Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Date]
[Patient's Name]
[Patient's Address]
[City, State, Zip Code]
[Patient's Date of Birth]
[Patient's Medical Record Number]
DISCHARGE SUMMARY
Admission Date: [Admission Date]
Discharge Date: [Discharge Date]
Attending Physician: [Physician's Name]
Consultants: [Consultants' Names, if applicable]
Diagnosis on Admission: [Primary Diagnosis]
Final Diagnosis: [Final Diagnosis at Discharge]
HISTORY OF PRESENT ILLNESS:
[Brief summary of the patient's condition leading to admission.]
PAST MEDICAL HISTORY:
[List relevant past medical history.]
MEDICATIONS ON ADMISSION:
[List medications taken by the patient upon admission.]
HOSPITAL COURSE:
[Summary of the patient's hospital stay, including key treatments, responses, and any complications.]
DISCHARGE MEDICATIONS:
[List medications prescribed at discharge with dosages and instructions.]
FOLLOW-UP INSTRUCTIONS:
[Instructions for follow-up visits, necessary tests, or referrals.]
DISCHARGE CONDITION:
[Patient's condition at the time of discharge.]
SIGNATURE
[Physician's Name]
[Title/Position]
[Date]
cc: [Other relevant healthcare providers]
Enclosures: [Any additional documents]