

Hospital Discharge Summary Format

Hospital Discharge Summary

Hospital Logo / Name

Address: [Add Hospital Address Here]

Contact Information: [Add Contact Information Here]

Patient Details

- Name.....[Patient Name]
- Age/Sex.....[Age and Gender]
- Patient ID / Medical Record Number.....[ID / Number]
- Date of Admission.....[Admission Date]
- Date of Discharge.....[Discharge Date]
- Admitting department and doctor :.....

Admission Details

- Reason for admission:
.....
.....
- Mode of admission: [Emergency / Planned, etc.]

Clinical Summary

.....
.....

[Include a concise summary of patient condition, diagnosis, treatment, and progress during the stay. Include major events, surgeries/procedures performed, and response to treatment.]

Investigation results:

[Summary of investigation results]

Treatment Provided

[Details of all treatments or surgeries performed, medication plans, diagnostic tests, and any special procedures.]

Discharge Condition

[Description of the patient's condition at the time of discharge.]

Prescribed Medications at Discharge

1. [Add medication name, dosage, frequency, and duration.]
2. [Add medication name, dosage, frequency, and duration.]

Follow-Up Instructions

1. Recommended Follow-Up: [Type of follow-up care required, e.g., outpatient care, specialist referral.]
2. Next Follow-Up Date: [Date or guidance on the timing of follow-up.]
3. Lifestyle/Dietary Instructions: [Add any specific instructions or changes required for recovery.]

When and how to obtain urgent care:

[Description of what symptoms should be treated as emergency by the patient e.g. fever, pain, bleeding etc, and how to contact the hospital e.g. contact details]

Physician's Name and Signature:

[Name of Discharging Physician]

[Contact Information, if relevant]

Signature: _____

Patient Acknowledgment Signature:

I acknowledge that I have received and understood the above information

Patient / Guardian Signature: _____

Date: [Date]

Disclaimer

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