

## ■ NABH-Compliant SBAR Discharge Summary Form

Patient Name / UHID:		Age / Sex:	
Address / Contact:			
Admission Date:		Discharge Date:	
Consultant / Unit:		Ward / Bed No.:	

### S – Situation

Presenting complaint / reason for admission:	
Final diagnosis (ICD code if applicable):	
Hospital course summary:	

### B – Background

Past medical/surgical history:	
Allergies:	
Procedures / surgeries during admission:	
Important investigations (labs, imaging):	
Co-morbidities addressed:	

### A – Assessment

Condition at discharge:	■ Stable ■ Improved ■ Referred ■ LAMA ■ Expired
Key findings:	
Functional status:	■ Ambulatory ■ Dependent ■ Bedridden
Vitals at discharge:	

### R – Recommendation

Medications (with dose, duration):	
Diet / lifestyle advice:	
Wound / device care:	
Follow-up appointments:	
Emergency instructions:	
Referrals (if any):	

### Doctor's Sign-off

Discharging Consultant / Resident:	
Date & Time:	

**Acknowledgement by Patient / Relative**

I have received and understood the discharge summary and instructions.	
Patient / Relative Name & Signature:	
Date & Time:	