

Discharge Summary

NAME OF PATIENT:

AGE :

SEX :

ROOM NO. :

ADMISSION NO. :

ADDRESS :

DATE ADMITTED :

DATE DISCHARGED :

ATTENDING PHYSICIANS :

CHIEF COMPLAINTS :

ADMITTING DIAGNOSIS :

FINAL DIAGNOSIS :

Brief Clinical History

Pertinent P.E.

NORMAL

YES NO

HEENT √ √

CHEST/LUNGS √ √

HEART √ √

ABDOMEN √ √

PELVIC √ √

RECTAL √ √

OTHER FINDINGS

Laboratory Findings (Including ECG, X-RAY and other diagnostic procedures)

Course in the Ward (Include medications) ** may use back page for additional notes*

Surgical Procedures and Date Performed

Disposition (Include home medication, special instruction and follow-up)

Friday, December 2, 2022

DATE ACCOMPLISHED

Consultant-In-Charge/Resident-In-Charge

PTR #

License #