Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age/Sex: \_\_\_\_ Case No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Last First Middle

Discharge Diagnosis: \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Admitted : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time Admitted: \_\_\_\_\_\_AM \_\_\_\_\_\_\_PM

Chief Complaint / Reason for Admission

mm/dd/yy hh-mm hh-mm

Date Discharged : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time Discharged: \_\_\_\_\_AM \_\_\_\_\_\_\_PM

mm/dd/yy hh-mm hh-mm

Attending Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Brief History of Present Illness:**

**Physical Examination on Discharge:**

General Survey:

Vital Signs BP:\_\_\_\_\_\_\_\_\_ CR:\_\_\_\_\_\_\_\_\_\_ RR:\_\_\_\_\_\_\_\_\_ Temperature:\_\_\_\_\_\_\_\_\_\_ Abdomen :

HEENT : GU (IE) :

Chest/Lungs : Skin/Extremities :

CVS : Neuro Examination :

**Course in the WARD:**

**Pertinent Laboratory and Diagnostic Findings: (CBC, Urinalysis, Fecalysis, Biopsy, etc)**

**Discharge Plans:**

**Disposition on Discharge: ☐Improve ☐Transferred ☐HAMA ☐Absconded ☐Expired**

**Prepared by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.D. Date Accomplished: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Physician-in-Charge**

**(Signature Over Printed Name)**