**POORNIMA AYURVEDIC MEDICAL COLLEGE, HOSPITAL & RESEARCH CENTRE**

**DISCHARGE SUMMARY/CARD**

Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Doctor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_ Sex:\_\_\_\_\_\_\_\_\_\_\_\_

UHID No/MR No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IP No:\_\_\_\_\_\_\_\_\_\_\_\_ Ward/Bed No:\_\_\_\_\_\_\_\_\_\_\_\_

Date of Admission:\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time:\_\_\_\_\_\_\_Date of Discharge:\_\_\_\_\_\_\_\_\_\_\_\_\_Time:\_\_\_\_\_\_\_

**Complaints:**

**History Brief:**

**Significant findings:**

**Investigation results:**

**Diagnosis:**

**Condition at discharge:**

**Course in the hospital:**

**Treatment Given:**

* Procedures Performed:
* Medications administered:
* Other treatment (if any):

**Advice at Discharge:**

* Medications:
* Other instructions:

**Follow up period:**

**When & how to obtain urgent care:**

Sign & name of doctor with date & time

Received discharge summary and clearly understood instructions which were explained to me in my vernacular language upto my satisfaction.

Signature of the patient: Summary prepared by:

WISH YOU SPEEDY RECOVERY