

DISCHARGE SUMMARY

Name		UHID	
Father / Guardian		Age / Gender	
Address			
Inpatient No		Admission Date & Time	
Ref Doctor		Discharge Date & Time	

Consultants :

DIAGNOSIS	ICD CODE

History:

Physical Examination:

Investigations Done:

Procedures and Operations Performed:

Management:

Medications Administered:

Discharge Medications:

Food instructions while taking medications:

Condition at the time of discharge :

Vitals :

Follow up Instructions:

Plan:

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition and immunization when and how to obtain emergency care etc also have been explained by doctor in a language that I can understand and I acknowledge.

Patient/ Attender/Guardian

In case of emergency, Come to hospital emergency department or contact emergency doctor on duty.

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Physician Name & Signature