

LOGO, NAME & ADDRESS OF THE HOSPITAL

STANDARD

DISCHARGE SUMMARY

- a. Patient's Name* : _____
- b. Telephone No / Mobile No* : _____
- c. IPD No : _____ d. Admission No: _____
- e. Treating Consultant/s' Name : _____
- a. Contact Numbers : _____
- b. Department/Specialty : _____
- f. Date of Admission with Time : ___/___/_____ :___ Hours
- g. Date of Discharge with Time : ___/___/_____ :___ Hours
- h. MLC No* : _____ FIR No*: _____
- i. Provisional Diagnosis
at the time of Admission : _____
- j. Final Diagnosis at the
time of Discharge : _____
- k. ICD-10 code(s) for Final Diagnosis*: _____
- l. Presenting Complaints with
Duration and Reason for Admission: _____
- _____
- _____
- _____
- m. Summary of Presenting Illness : _____
- _____
- n. Key findings, on physical
examination at the time of admission: _____
- _____
- _____
- _____
- o. History of alcoholism, tobacco or
substance abuse, if any : _____

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p. Significant Past Medical and Surgical History, if any* : _____

q. Family History if significant/
relevant to diagnosis or treatment: _____

r. Summary of key investigations during Hospitalization* : _____

s. Course in the Hospital including complications if any* : _____

t. Advice on Discharge* : _____

Treating Consultant/ Authorized Team Doctor*	Name	
	Signature	

Patient/ Attendant *	Name	
	Signature	

* These are mandatory fields.