

General Medical Ward Discharge Summary

Patient Name:

Hospital Number:

Date of Admission:

Date of Discharge:

Ward / Bed Number:

Consultant:

Diagnosis:

Brief History & Clinical Findings:

Course in Hospital:

Investigations:

Test	Date	Result
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Treatment Given:

Condition at Discharge:

Discharge Medications:

Medication	Dose	Frequency	Duration
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Advice & Follow-up Plan:

Prepared By:

Designation:

Signature:

Date:
