

Heart Failure Discharge Summary

Patient Name: _____
Date of Admission: _____
Date of Discharge: _____
Medical Record Number: _____

Diagnosis

- Primary: Heart Failure (_____)
- Secondary: _____

Hospital Course Summary

Procedures / Interventions

Key Laboratory & Imaging Results

Medications at Discharge

Medication	Dosage	Instructions

Discharge Condition

Discharge Instructions

- Diet: _____
- Activity: _____
- Weight Monitoring: _____
- Follow-up Appointments: _____
- Warning Signs: _____
- Other: _____

Follow-Up Plan

Prepared By: _____
Designation: _____

Signature: _____
Date: _____