# Psychiatric Discharge Summary

**Patient Name:**

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**Date of Birth:**

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**MRN:**

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**Admission Date:**

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**Discharge Date:**

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**Attending Psychiatrist:**

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**Admitting Diagnosis:**

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**Discharge Diagnosis:**

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**Reason for Admission / Presenting Problem:**

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**Course of Hospitalization:**

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**Medications at Discharge:**

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**Condition at Discharge:**

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**Discharge Instructions/Recommendations:**

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**Follow-up Appointments:**

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**Prepared By:**

**Date:**