

# Stroke Patient Discharge Summary

## Patient Information

Name:	<div></div>
Medical Record Number:	<div></div>
Date of Birth:	<div></div>
Age:	<div></div>
Sex:	<div></div>
Date of Admission:	<div></div>
Date of Discharge:	<div></div>

## Diagnosis

## Relevant Medical History

## Summary of Hospital Course

## Treatment Provided

## Condition at Discharge

## Discharge Medications

Medication	Dosage	Frequency
<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>

## Discharge Instructions

## Follow-up

Appointment with: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Other Instructions: \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

Date: \_\_\_\_\_

Patient's/Relative's Signature

Date: \_\_\_\_\_