

Stroke Patient Discharge Summary

Patient Information

Name: _____

Medical Record Number: _____

Date of Birth: _____

Age: _____

Sex: _____

Date of Admission: _____

Date of Discharge: _____

Diagnosis

Relevant Medical History

Summary of Hospital Course

Treatment Provided

Condition at Discharge

Discharge Medications

Medication	Dosage	Frequency
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Discharge Instructions

Follow-up

Appointment with: _____

Date/Time: _____

Other Instructions: _____

Physician's Signature

Date: _____

Patient's/Relative's Signature

Date: _____