

# Oncology Inpatient Discharge Summary

Patient Name:

Medical Record Number:

Date of Admission:

Date of Discharge:

Consultants:

Diagnosis

Summary of Hospital Stay

Relevant Past Medical History

Treatment During Admission

- Chemotherapy:

- Radiotherapy:

- Surgical Procedures:

- Other Interventions:

Course in Hospital

Discharge Medications

**Instructions and Follow Up**

**Follow Up Appointment:**

---

**Dietary Instructions:**

---

**Activity Restrictions:**

---

**Other Instructions:**

---

**Provider Details**

**Prepared By:**

---

**Designation:**

---

**Date:**

---