

# Oncology Inpatient Discharge Summary

Patient Name:

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Medical Record Number:

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Date of Admission:

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Date of Discharge:

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Consultants:

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**Diagnosis**

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**Summary of Hospital Stay**

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**Relevant Past Medical History**

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**Treatment During Admission**

- **Chemotherapy:**

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- **Radiotherapy:**

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- **Surgical Procedures:**

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- **Other Interventions:**

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**Course in Hospital**

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**Discharge Medications**

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## Instructions and Follow Up

**Follow Up Appointment:**

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**Dietary Instructions:**

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**Activity Restrictions:**

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**Other Instructions:**

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## Provider Details

**Prepared By:**

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**Designation:**

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**Date:**

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