

# Orthopedic Inpatient Discharge Summary Sheet

Patient Name

Medical Record No.

Date of Admission

Date of Discharge

Age

Sex

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Diagnosis

History of Present Illness

Physical Findings

Investigations

Treatment During Hospitalization

Operative Details (if applicable)

Hospital Course and Progress

Condition at Discharge

Discharge Medications

Instructions / Advice

Date of Follow-up

Consultant / Doctor