

# Pediatric Inpatient Discharge Summary

## Patient Information

Patient Name:

Hospital Number:

Date of Admission:

Date of Discharge:

Age/Sex:

Ward/Bed No.:

Address:

## Diagnosis

## Summary of Hospital Stay

## Presenting Complaints

## Examination Findings

## Course in Hospital

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## Investigations

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## Treatment Given

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## Condition at Discharge

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## Instructions & Follow-Up

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Consultant/Physician Name & Signature:

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Date:

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