

Acute Admission Discharge Summary

Patient Name: _____ MR No.: _____

Age / Sex: _____ Ward / Bed No.: _____

Consultant: _____ Admission Date: _____

Primary Diagnosis: _____

Discharge Date: _____ Length of Stay: _____

Presenting Complaints

History of Present Illness

Past Medical / Surgical History

Examination on Admission

Course in Hospital

Procedures / Operations

Investigations

Final Diagnosis

Condition at Discharge

Medications on Discharge

Follow-up Instructions

Name/Signature of Consultant: _____

Date: _____