

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: _____