

# Acute Inpatient Discharge Summary

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical Record #: \_\_\_\_\_ Admission Date: \_\_\_\_\_

Discharge Date: \_\_\_\_\_ Attending Physician: \_\_\_\_\_

## Primary Diagnosis

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## Secondary Diagnoses

- \_\_\_\_\_

## Brief Hospital Course

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## Procedures Performed

- \_\_\_\_\_

## Consultations

- \_\_\_\_\_

## Medications on Discharge

- Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Frequency: \_\_\_\_\_

## Follow-up Appointments

- Provider: \_\_\_\_\_ Specialty: \_\_\_\_\_ Date/Time: \_\_\_\_\_

## Discharge Instructions

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## Physician Signature

Physician Name: \_\_\_\_\_

Date/Time: \_\_\_\_\_