

Acute Inpatient Discharge Summary

Patient Name:	_____	Date of Birth:	_____
Medical Record #:	_____	Admission Date:	_____
Discharge Date:	_____	Attending Physician:	_____

Primary Diagnosis

Secondary Diagnoses

- _____

Brief Hospital Course

Procedures Performed

- _____

Consultations

- _____

Medications on Discharge

- Name: _____ Dose: _____ Route: _____ Frequency: _____

Follow-up Appointments

- Provider: _____ Specialty: _____ Date/Time: _____

Discharge Instructions

Physician Signature

Physician Name:	_____
Date/Time:	_____