Clinical Discharge Summary

Patient Name:

Date of Birth:

Medical Record No.:

Admission Date:

Discharge Date:

Primary Physician:

Consultants:

Ward/Unit:

Admission Diagnosis

Discharge Diagnosis

Course in Hospital

Key Investigations & Results

Treatments Given

Procedures/Surgeries Performed

Medications on Discharge

Follow-up Arrangements

Additional Instructions

Prepared by:

Date:

Contact Information: