

# Psychiatric Discharge Summary

Patient Name:

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Date of Birth:

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Gender:

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MRN / ID:

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Admission Date:

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Discharge Date:

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Admitting Diagnosis:

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Discharge Diagnosis:

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Reason for Admission:

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Course of Hospitalization:

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Treatment Given:

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Medications at Discharge:

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Allergies:

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Mental Status at Discharge:

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Follow-up Appointments / Referrals:

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Discharge Instructions:

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Prepared By:

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Role/Title:

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Date:

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Signature:

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