

Psychiatric Discharge Summary

Patient Name:

Date of Birth:

Gender:

MRN / ID:

Admission Date:

Discharge Date:

Admitting Diagnosis:

Discharge Diagnosis:

Reason for Admission:

Course of Hospitalization:

Treatment Given:

Medications at Discharge:

Allergies:

Mental Status at Discharge:

Follow-up Appointments / Referrals:

Discharge Instructions:

Prepared By:

Role/Title:

Date:

Signature:
