

Pediatric Inpatient Discharge Summary

Patient Name: _____

Medical Record #: _____

Date of Admission: ____ / ____ / ____

Date of Discharge: ____ / ____ / ____

Date of Birth: ____ / ____ / ____

Sex: _____

Admitting Physician: _____

Consultants: _____

Reason for Admission

History of Present Illness

Past Medical History

- _____
- _____

Medications on Admission

- _____
- _____

Physical Examination on Admission

Hospital Course

Consultations

- _____
- _____

Discharge Diagnosis

- _____
- _____

Medications on Discharge

- _____
- _____

Discharge Instructions

- _____
- _____

Follow-Up Appointments

Prepared by: _____ Date/Time: _____ / _____ / _____

Signature: _____