

Psychiatric Inpatient Discharge Summary Outline

Patient Identification

Name:

Date of Birth:

MRN:

Admission Date:

Discharge Date:

Reason for Admission

History of Present Illness

Pertinent Past Psychiatric History

Medical History

Substance Use History

Hospital Course

Mental Status Examination on Discharge

Medications on Discharge**Discharge Diagnosis****Discharge Instructions & Recommendations****Follow-Up Appointments****Provider Name/Signature**

Provider Name:

Date: