

Surgical Inpatient Discharge Summary

Patient Name:	_____	IP No:	_____
Age/Sex:	_____	Ward/Bed No:	_____
Consultant:	_____		
Date of Admission:	_____	Date of Discharge:	_____
Diagnosis:	_____		
Procedure Done:	_____		

History of Present Illness

Clinical Findings

Relevant Investigation Results

Treatment Given

Operative Notes

Condition at Discharge

Medications on Discharge

Advice & Follow Up

Prepared By: _____ **Date:** _____

Consultant Sign: _____