

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: _____