

Hospital Discharge Summary

Patient Information

Name:

Date of Birth:

Gender:

Patient ID / MRN:

Address:

Hospital & Admission Details

Hospital Name:

Admission Date:

Discharge Date:

Consultant / Attending Doctor:

Reason for Admission:

Diagnosis

Treatment Given

Course in Hospital

Surgical / Procedure Details (if any)

Discharge Condition

Medications on Discharge

Follow-up Instructions

Doctor's Signature

Name:

Registration No.:

Date:
