

# 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:

---