

# LOGO, NAME & ADDRESS OF THE HOSPITAL

STANDARD

## DISCHARGE SUMMARY

- a. Patient's Name\* : \_\_\_\_\_
- b. Telephone No / Mobile No\* : \_\_\_\_\_
- c. IPD No : \_\_\_\_\_ d. Admission No: \_\_\_\_\_
- e. Treating Consultant/s' Name : \_\_\_\_\_
- a. Contact Numbers : \_\_\_\_\_
- b. Department/Specialty : \_\_\_\_\_
- f. Date of Admission with Time : \_\_\_/\_\_\_/\_\_\_\_\_ :\_\_\_ Hours
- g. Date of Discharge with Time : \_\_\_/\_\_\_/\_\_\_\_\_ :\_\_\_ Hours
- h. MLC No\* : \_\_\_\_\_ FIR No\*: \_\_\_\_\_
- i. Provisional Diagnosis  
at the time of Admission : \_\_\_\_\_
- j. Final Diagnosis at the  
time of Discharge : \_\_\_\_\_
- k. ICD-10 code(s) for Final Diagnosis\*: \_\_\_\_\_
- l. Presenting Complaints with  
Duration and Reason for Admission: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- m. Summary of Presenting Illness : \_\_\_\_\_
- \_\_\_\_\_
- n. Key findings, on physical  
examination at the time of admission: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- o. History of alcoholism, tobacco or  
Substance abuse, if any : \_\_\_\_\_

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p. Significant Past Medical and Surgical History, if any\* : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

q. Family History if significant/  
relevant to diagnosis or treatment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

r. Summary of key investigations during Hospitalization\* : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

s. Course in the Hospital including complications if any\* : \_\_\_\_\_

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t. Advice on Discharge\* : \_\_\_\_\_

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<b>Treating Consultant/ Authorized Team Doctor*</b>	Name	
	Signature	

<b>Patient/ Attendant *</b>	Name	
	Signature	

\*These are mandatory fields.