

## **DISCHARGE SUMMARY**

Name of Patient:			
Tel No.		Mobile No.	
IPD No.		Admission No.	
Treating Consultant/s Name, contact numbers and Department/Specialty			
Date of Admission		Time of Admission	
Date of Discharge		Time of Discharge	
MLC No. / FIR No.			
Provisional Diagnosis at the time of Admission			
Final Diagnosis at the time of Discharge			
ICD-10 code(s) or any other codes, as recommended by the Authority, for Final diagnosis			
Presenting Complaints with Duration and Reason for Admission			
Summary of Presenting Illness			
Key findings, on physical examination at the time of admission			
History of alcoholism, tobacco or substance abuse, if any			
Significant Past Medical and Surgical History, if any			
Family History if significant/relevant to diagnosis or treatment			
Summary of key investigations during Hospitalization			
Course in the Hospital including complications, if any			
Advice on Discharge			
Name of treating Consultant/ Authorized Team Doctor		Signature of treating Consultant/ Authorized Team Doctor	
Name of Patient / Attendant		Signature of Patient / Attendant	

# Sample Discharge Summary Home Health

**Office of The Federal Register**

A red circular graphic with a gradient, appearing as a partial circle or a stylized 'C' shape, located to the right of the 'Office of The Federal Register' text.

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