

Summary Discharge

Section	Information
Patient Identification	Name: Date of Birth: Medical Record Number: Admission Date: Discharge Date: Attending Physician:
Reason for Admission	
Diagnoses	
Procedure	
Medications	
Treatment and Response	

Condition at Discharge	
Discharge Instructions	
Follow-up Appointments	
Other Information	<p>Allergies:</p> <p>Immunization status:</p> <p>Lifestyle Counseling:</p> <p>Patient and family education:</p>