

# Summary Discharge

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

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