



## DISCHARGE SUMMARY NOTE

Patient Information		
Name:	DOB:	MRN:
Date of Admission:	Date of Discharge:	
Admission Diagnosis:	Discharge Diagnoses:	
Hospital/Encounter Course		
Presenting Problem:		
Major Interventions:	Response to Treatment:	
Procedures:		
Specialty Consultation:		
Complications:	Discharge Condition:	
Discharge Medications		
Continued Medications:	New Medications:	Discontinued Medications:
Follow-up Plan		
Primary Care Follow-Up:	Specialist Follow-Up:	
Pending Results:		
Discharge Instructions:		
Clinician Signature:	Date:	