

Attending Doctor(s) _____

Admission Date _____

Discharge Date _____

Discharge to : Home Other Hospital Other _____

Principal Diagnosis
(Diagnosis responsible for patient's admission)
hospital)

Secondary Diagnosis
(All conditions that affect treatment or length of stay in

History, Essential Findings

Principal Procedure(s) & Investigations

Treatment and Outcome

Discharge Medication(s) & Follow-up Plan

Allergies: _____

Doctor's Name : _____ Signature: _____