

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:** \_\_\_\_\_