Patient copy

DISCHARGE SUMMARY

Routine / LAMA / DAMA / transfer / death (strike out what does not apply)

Registration no.

24-hour emergency

Patient name	Age and sex	UHID	IP no.
Date and time of admission	Date and time of discharge	Ward and bed	Department
Treating consultant	Registration no. (medical council)	Payer	Known allergies

Diagnosis (with ICD-10 code)

Reason for admission and presenting complaints

Significant findings on examination

Key investigations

Investigation	Date	Result

Procedure performed

Course in hospital

Condition at discharge

Medicines on discharge (generic names)

Medicine and strength	Route	Dose and frequency	For	Instructions

Follow-up advice

When and how to get urgent care

In case of death

Cause of death, time of death, and the medical certificate of cause of death (MCCD) reference.

Prepared by (resident doctor)

Treating consultant, name and registration no.

Received by patient or attendant, with relationship