

# Hospital Admission and Discharge Summary

## Patient Information

Patient Name:

Age:

Gender:

Admission Date:

Discharge Date:

Hospital Number:

## Admission Details

Reason for Admission:

Diagnosis on Admission:

## Hospital Course

Summary of Hospital Course:

## Discharge Details

Discharge Diagnosis:

Treatment Given:

Discharge Medications:

Follow-up Instructions:

Consultant/Attending Physician: