

# Patient Discharge Summary Report

**Patient Name:**

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**Patient ID:**

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**Date of Admission:**

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**Date of Discharge:**

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**Age:**

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**Gender:**

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**Ward/Room:**

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**Consultant/Supervising Doctor:**

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**Diagnosis on Admission:**

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**Final Diagnosis:**

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**History & Presenting Complaints:**

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**Hospital Course & Treatment Given:**

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**Condition at Discharge:**

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**Medications on Discharge:**

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**Advice & Follow-up:**

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**Prepared By:**

**Signature:**

**Date:**

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