

**Western Private Hospital**

**DISCHARGE SUMMARY**

Box 4258  
West Footscray 3012

UR No: ..... Admission No: .....

Surname: .....

Given Names: .....

Date of Birth: ..... Doctor: .....

Hospital: .....

Patient Details

Admission Date:

Discharge/Death Date:

**PRINCIPAL DIAGNOSIS** After study, the condition chiefly responsible for this admission

**SECONDARY/ASSOCIATED CONDITIONS** Existing at the time of patient's admission and influenced the status, care or treatment

**COMPLICATIONS** Any condition arising during this admission

**PROCEDURES**

**DISCHARGE MEDICATIONS**

**Discharge Status:**

- Apparent Cure
- Stabilised
- Improved
- Deceased

**Destination:**

- Home/After Care
- Other Hospital
- At own risk

**FOLLOW UP / MANAGEMENT PLANS:**

Intention to Readmit

**MEDICAL OFFICER SIGNATURE:**

DISCHARGE SUMMARY

MR No. 110