

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