

DISCHARGE SUMMARY TEMPLATE

Approved by the Provincial HIM Leadership Committee March 19, 20XX

DEMOGRAPHIC AND ADMINISTRATIVE DATA
PATIENT NAME
ADDRESS
CHART NUMBER
ACCOUNT NUMBER (Meditech Registration Account Number)
HEALTH CARE NUMBER
DOB
GENDER
ADMISSION DATE
DISCHARGE DATE
REFERRING PHYSICIAN
MOST RESPONSIBLE PROVIDER (Attending physician)
FAMILY PHYSICIAN
ADMISSION DIAGNOSIS- Working diagnosis at time of admission (Do not use abbreviations.)
MOST RESPONSIBLE DIAGNOSIS (MRD_x) The one diagnosis or condition that can be described as being most responsible for the patient's stay in hospital (Do not use abbreviations.)
PRE-ADMIT COMORBIDITY(IES) A condition(s) that coexists at the time of admission (Do not use abbreviations.)
POST- ADMIT COMORBIDITY(IES) A condition(s) that arises post-admission (Do not use abbreviations.)
SECONDARY DIAGNOSIS(ES) A secondary diagnosis(es) or condition(s) which may or may not have received treatment but does not impact on the patient's LOS or treatment (Do not use abbreviations.)
INTERVENTIONS Diagnostic and/or Therapeutic interventions performed during the current episode of care

HISTORY OF PRESENT ILLNESS
<ul style="list-style-type: none"> ○ Initial Presentation ○ Chief Complaint ○ Significant Findings ○ Relevant laboratory results ○ Allergies
HOSPITAL COURSE
Events occurring during the current episode of care, e.g. treatment given, response to treatment/interventions, abnormal or significant test results, results pending, description of complications, consults, etc.
CONDITION AT DISCHARGE
Provide comparison with condition at admission
MEDICATIONS
<ul style="list-style-type: none"> ○ Admission Medications ○ Changes made to regular medication regimen ○ Medications prescribed upon discharge ○ Drug Allergies ○ Adverse Drug Reactions encountered during the admission
DISCHARGE INSTRUCTIONS
<ul style="list-style-type: none"> ○ Diet ○ Activities ○ Medications ○ Therapy ○ Other instructions
FOLLOW-UP
Arrangements for ongoing care
<ul style="list-style-type: none"> ○ Return appointments ○ Referral to other services ○ Discharge to (home, long term care, rehab, etc)
SIGNATURE
<ul style="list-style-type: none"> ○ Physicians Signature ○ Dictating Care Provider ○ Date/Time Dictated ○ Date/Time Transcribed ○ Recipients of copies of the Discharge Summary

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