

DISCHARGE SUMMARY CHECKLIST

Administrative Information

- Patient's full name
- Patient's age
- Hospital/Medical Record #
- Date of admission
- Date of Discharge
- Name of responsible hospital physician
- Name of physician preparing discharge summary
- Name of primary care physician
- Discharge summary sent to

Medical Information

- Primary diagnosis
- Secondary diagnosis(es)
- Presenting symptoms
- History of present illness
- Medical history
- Social history
- Physical examination findings
- Diagnostic procedures & results
- Consultations obtained during admission
- Consultant recommendations
- Treatment during admission
- Discharge medications, including any new prescriptions
- Test results pending at discharge
- Follow-up arrangements needed or made
- Patient condition/status at discharge
- Patient or family counseling/instructions



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If you would like to discuss a particular situation, please contact our risk management division at 1-888-336-2642 or riskmanagement@psicinsurance.com.

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