

DISCHARGE SUMMARY

PATIENT NAME: _____ M.R. NO: _____
 The patient is still receiving the services of: RN RPT ST OT MSW

EMPLOYEE NAME: _____ TITLE: _____

DR. NO.: _____ AGENCY DISCHARGE: YES NO

DATE OF ADMISSION: _____ DATE OF DISCHARGE: _____

VITAL SIGNS RANGED AS FOLLOWS		
	FROM	TO
BLOOD PRESSURE		
PULSE		
RESPIRATION		
TEMPERATURE		

DIAGNOSIS: _____

WERE GOALS MET. YES _____ NO _____

CONDITION ON ADMISSION: _____

CONDITION ON DISCHARGE: _____

REASON FOR DISCHARGE:- _____

DISPOSITION OF CLIENT:

Returned to the care of the physician _____

Moved _____
 Skilled Nursing Facility _____

Hospital _____
 Expired _____