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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