

**Michigan State University Internal Medicine Residency
DISCHARGE SUMMARY WORKSHEET**

This 2 page worksheet has been created to assist you with your dictation. Please print it and then write in your response for each question. Upon completion use it as your dictation script.

Resident Name	
Attending Name	

Patient Identifiers:

Name		Record number	
Date of Birth	___/___/___	Admission date	___/___/___
Gender	M F	Discharge date	___/___/___

Admitting Diagnosis from face-sheet	
Primary Discharge Diagnosis (related to admission diagnosis)	
Secondary Diagnoses (addressed during hospitalization) *For <u>hypertension</u> : specify if controlled or uncontrolled *For <u>diabetes mellitus</u> – specify type (1 or 2), controlled or uncontrolled, and for Type 2 whether treated with insulin, oral meds, or diet only	
Comorbid Conditions (active or pertinent inactive)	
Procedures/Operations (major)	
Consultations	

Hospital Course:

“Patient presented to (location) with complaints of (symptoms).”	
“S/he was found to have (abnormal vitals, exam, or labs) and (treatment started or diagnostic tests ordered).”	
For presenting complaint - diagnostic and treatment course including pertinent test results	
For secondary diagnoses, complications, or active comorbidities - diagnostic and treatment course	

Prognosis : Stable, Guarded, Poor, other

Disposition : Discharged to: Home, ECF, Subacute Rehab, Inpatient Rehab, other

Pending Material:

Labs:

Other test results:

Discharge diet: Regular, Dysphagia, No added salt, Low fat, Diabetic, other:

Medications: dictate all meds, doses, and duration (if short term med)

Treatments: PT, OT, speech, respiratory treatments, etc.

Follow-up Plans & Appointments:

Physician, Clinical Service or Test	Reason	Time frame or Specific Date	Referral needed
			Y N
			Y N
			Y N
			Y N

Copies to:

primary care physician: _____

referring or consulting physicians: _____