

**EPICRISIS (DISCHARGE) REPORT FORM**

**Patient Name-Surname:**

**Father's Name:**

**Birth Date:**

**ID Card No:**

**Patient ID No:**

**Insurance No:**

**Sex:**

**Nationality:**

**Address:**

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**Admission Date:**

**Discharge Date:**

**Admitted Department:**

**REASON OF ADMISSION**

**STORY:**

**PATIENT HISTORY:**

**FAMILY HISTORY:**



**EPICRISIS (DISCHARGE) REPORT FORM**

**PHYSICAL EXAMINATION FINDINGS:**

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**TESTS: (PATHOLOGY REPORT IF AVAILABLE)**

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**ICD 10 CODE:**

**DIAGNOSIS:**

**DRUGS ADMINISTERED**

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**CONSULTATION RESULTS**

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**CLINICAL COURSE AND TREATMENT ( OPERATION IF DONE and COMPLICATIONS )**

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**RESULT**

**WHERE WAS THE PATIENT SENT**

- Discharged to home        To another institution:.....
- Transport in Hospital        Other:.....
- Healing        Partial Healing

**INFORMATION TO BE GIVEN TO PATIENT AND FAMILY AT THE TIME OF DISCHARGE**

Drug:

Diet:

Activity:

Other Important Notes:

Other Advices of the Doctor:

Control Appointment Date:

Doctor Name-Surname:

DATE:

Signature:

TIME: