DISCHARGE SUMMARY FORM

	Facility	Name
Patient Name	PCP Name	Phone & Fax Number
Hospitalization:		
	Facility	Dates
A. Admission Dia	ignoses:	
1)		7)
2) 3)		
B. Additional Dia	_	•
1)	2)	3)
C. Medications: ((See list from nursing homes.)	
Comments:		
D. Disposition: _		
-		
E. Clinical Condit	tion at Discharge:	
F. Recent Labs/Im	naging:	
G: Key Events:	(Tests, Rehospitalizations, Etc.)	
Date	Comments	
	Pneumonia Vaccine	
YEAR		
YEAR	Flu Vaccine	
Thank you for allo	wing Senior Care of Colorado to be	elp provide care to your patient. For any q
please call (303) _		22. Provide care to your patient. Tor any q

Provider Name