

**HOSPITAL**  
**AMBULATORY SURGERY SUMMARY**

Discharge Date: \_\_\_\_\_ Time: \_\_\_\_\_

**HISTORY**

Date of Examination: \_\_\_\_\_ Dictated

Chief Complaint: \_\_\_\_\_

History of the Present Illness: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_ None; \_\_\_\_\_

Medications: \_\_\_\_\_ None; \_\_\_\_\_

Past Medical History: \_\_\_\_\_

Family History: \_\_\_\_\_ Noncontributory; \_\_\_\_\_

Social History: \_\_\_\_\_ Noncontributory; \_\_\_\_\_

Review of Systems: \_\_\_\_\_ Noncontributory; \_\_\_\_\_

**PHYSICAL EXAMINATION**

General: Blood Pressure \_\_\_\_\_ / \_\_\_\_\_ Pulse \_\_\_\_\_; Respirations \_\_\_\_\_ Temperature \_\_\_\_\_

HEENT: \_\_\_\_\_ Neck: \_\_\_\_\_

Heart: \_\_\_\_\_ Lungs: \_\_\_\_\_

Exam Pertinent to Planned Procedure: \_\_\_\_\_

Preoperative Diagnosis(es): \_\_\_\_\_

Planned Procedure: \_\_\_\_\_

**POSTOPERATIVE PROGRESS NOTE**

Date of Procedure: \_\_\_\_\_ OP Dictated: \_\_\_\_\_ Surgeon: \_\_\_\_\_

Procedure: \_\_\_\_\_ Anesthesia: \_\_\_\_\_ General Other: \_\_\_\_\_

Postoperative Diagnosis(es): \_\_\_\_\_

Complications/Transfusions: \_\_\_\_\_ None Description: \_\_\_\_\_

**DISCHARGE NOTE**

Final Diagnosis(es): \_\_\_\_\_

Discharge/Transfer Destination (Check one)

- ( ) Home/Self Care (01)
- ( ) Short Term General Hospital (02)
- ( ) Skilled Nursing Facility (03)
- ( ) Intermediate Care Facility (04)
- ( ) Another Type of Institution (05)
- ( ) Home with Home Health Services (06)
- ( ) AMA (07) ( ) Expired (20)

Discharge Medications: \_\_\_\_\_

Condition at Discharge: \_\_\_\_\_

Follow-up: \_\_\_\_\_

Discharge Instructions:

- Diet: ( ) Normal  
( ) Restricted; \_\_\_\_\_
- Activity: ( ) Normal  
( ) Restricted; \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Signature