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: ____________  Respiration: ____________  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: ________________________________

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 Instructions:

Diet: □ Normal  □ Restricted; ________________________________

Activity( ) Normal  □ Restricted; ________________________________

Condition at Discharge: ________________________________

Follow-up: ________________________________

Discharge Medications: ________________________________

Date: __________________ Signature: __________________