**Appendix 1**

**Discharge Summary Template**

Patient Name:

Patient MRN:

Date of Birth:

Facility:

Attending Physician:

Date of Admission:

Date of Discharge:

Admission Diagnosis:

Discharge Diagnosis:

Discharge Disposition:

**History (with Chief Complaint)**

**Brief Hospital Course by Problem**

[Problem List and most current assessment and plan auto-populates]

**Physical Exam at Discharge**

[Vital signs and Intake/Output Summary auto-populates]

[Physical Exam Smartblock]

**Relevant Labs, Radiology, and Other Studies**

\*\*\*

Patient on coumadin: [yes/no]

**Procedures Performed and Complications**

**DISCHARGE INSTRUCTIONS**

**Discharge Diet**

**Functional Assessment at Discharge/Activity Goals**

**Allergies and Medications at Discharge**

[Allergies auto-populates]

[Discharge medications auto-populates]

**Pending Tests**

**Follow-up Needs for the Primary Care Physician**

**Outside Follow-up**

**Booked UCSF Appointments**

**Pending UCSF Referrals**

**Case Management Services Arranged**

**Discharge Assessment**

Condition at discharge:

Does this patient have expressed wishes for medical care? [yes/no]

**BRIEF SUMMARY OF EXPRESSED WISHES**

**(Please see official documents as listed below for full details)**

[dropdown options including: All available medical care, DNR, DNI]

**Primary Care Physician**

(Primary care physician, address, phone, fax auto-populates if PCP field is completed)

Outside Providers, for pending tests please use the following numbers:

For UCSF Laboratory - Please Call: (415) 353-1667

For UCSF Microbiology - Please Call: (415) 353-1268

For UCSF Pathology - Please Call: (415) 353-1613

**Signed,**

[Provider name]

[Date]

**Discharge Instructions provided to the patient (if any):**

[patient instructions auto-populates]