Outpatient Discharge Summary and Aftercare Plan

This document serves as a record of your outpatient treatment and outlines your ongoing care plan. Please keep this for your records and share it with your healthcare providers.

1. Patient & Provider Information

Patient Name:

Date of Birth: MM/DD/YYYY

Medical Record Number (MRN):

Admission Date: MM/DD/YYYY

Discharge Date: MM/DD/YYYY

Attending Clinician/Provider:

Facility/Clinic Name:

2. Discharge Diagnoses & Clinical Summary

Primary Diagnosis:

Secondary Diagnoses (if applicable):

Summary of Treatment Received:

Patient Condition at Discharge:

3. Medication Plan

The following medications are to be taken after discharge. Please note any changes from your previous regimen.

Medication Name	Dosage / Strength	Frequency (How often to take)	Purpose / Instructions

4. Follow-Up Appointments & Aftercare Plan

Primary Care Follow-Up:

Provider/Clinic:

Date and Time:

Specialist / Therapy Follow-Up:

Provider/Clinic:

Date and Time:

Other Recommendations & Self-Care Activities:

Dietary/Activity Guidelines:

Support Groups / Community Resources:

5. Emergency Instructions & Warning Signs

If you experience any of the following symptoms, seek immediate medical attention or go to the nearest emergency room:

- Difficulty breathing, shortness of breath, or chest pain.
- Severe, sudden headache, confusion, or dizziness.
- Uncontrolled bleeding or high fever.
- Other patient-specific warning signs:

6. Signatures

By signing below, the clinician and patient acknowledge that this outpatient discharge summary and aftercare plan have been reviewed and understood.

Clinician Signature: Sign Name Date: MM/DD/YYYY

Patient/Guardian Signature: Sign Name Date: MM/DD/YYYY