

ส่วนที่ 2 (Form B) Physician Discharge Summary

กรณณาเขียนด้วยตัวบรรจง

ถึง		จาก	โรงพยาบาล หมายเลขโทรสาร.....ห้อง
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Patient's Name:HN.....AN.....
 Admission DateTime..... Discharge Date Time

Please give detail relating to this treatment ***Please use medical terminology**

For Illness:

1. Date you first saw this patient for this illness:
2. Chief complaint and duration of symptoms:
3. In your opinion, how long should this symptoms persist for this illness:

For Injury:

1. Date & Time of injuryDate & Time you first saw this patient.....
2. Cause of injury
- Nature of wound and injured organs.....
- มีเอกสารแนบ
3. (Did you smell alcohol from the patient?)
 ได้กลิ่นสุราจากผู้ป่วยหรือไม่ () No () Yes () Not known
 Level of consciousness () Normal () Confusion () Drowsiness () Semi-coma () Coma
 (Did the patient take any medication, drugs?)
 ผู้ป่วยกินยามาหรือไม่ () No () Yes (ชื่อ/ชนิด ของยา) () Not known

Pertinent Clinical findings (Symptoms & Signs).....

Underlying diseases.....

Investigations/ Pathological studies.....

Diagnosis 1.ICD10-TM
 Diagnosis 2..... ICD10-TM
 Diagnosis 3..... ICD10-TM.....

(Please fill the diagnosis that has been treated on this admission, not including the underlying diseases or conditions not treated; please rank from the most important Dx to the least one)

Treatment.....

Surgery/Operation.....Date.....ICD10-TM/ICD9-CM.....

Result /Complications.....

Is the illness related to alcohol, drug abuse or addiction? () No () Yes () Not known
 For Female is the patient pregnant? () No () Yes Gestational age.....Wks

Was the treatment related to infertility? () No () Yes.....
 HIV () Not done () Done () Result (ในกรณีที่ผู้ป่วยยินยอมให้เปิดเผย : ละเอียด.....)

Has patient ever been treated by other doctor before? () No () Yes, please give name and address.....

Past History

Date	Signs & Symptoms	Diagnosis	Treatment	Physicians

For accident: estimated time for recovery.....

Signature..... Medical specialty.....Medical License No.....
 (.....) Tel. No.Date.....