ส่วนที่ 2 Physician Discharge Summary

ถึง	☐ อลิอันซ์ อยุธยา ☐ AIA Health Care ☐ ไทยประกันชีวิต ☐ กรุงเทพประกันชีวิต ☐ เมืองไทยประกันชีวิต ☐ บูพา ประกันสุขภาพ หมายเลขโทรสาร 0-2305-7014	จาก	โรงพยาบาล…… หมายเลขโทรสาร…… ชื่อผู้ส่ง……ส่ง……

Patient's Name :……HN……AN……..

Admission Date ……Time……Discharge Date……Time……

Please give detail relating to this treatment * Please uses 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 Accident: 1. Date & Time of accident ……Date & Time you first saw this patient……

2. Cause of accident, nature of wound and injured organs……

3. Was the patient under the influence of alcohol or drug at the time of arrival to the hospital? ( ) No ( ) Yes……

Pertinent Clinical findings (Symptoms & Signs)……

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Underlying diseases……

Investigations/Pathological studies……

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Diagnosis 1. ……**ICD10** ……**Diagnosis 2**……**ICD10** ……**Diagnosis 3**……

ICD10……**(Please fill the diagnosis that treated on this admission, not including the underlying diseases or conditions not treated: please ranking from the most important Dx to the less one)**

Treatment……**Surgery**……

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…… **ICD- 9CM or 10 TM**……

Result/Complications……

Is the illness related to alcohol, drug abuse or addiction ? ( ) No ( ) Yes……

For Female is the patient pregnant? ( ) No ( ) Yes…… GA……Wks

Was the treatment relate to infertility? ( ) No ( ) Yes……

HIV ( ) Not done ( ) Done Result……

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

Past History

Date	Signs & Symptoms	Diagnosis	Treatment	Physicians

For accident: Estimated time for recovery……

Other comments……

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Signature…… **Medical License No**……

(……**)** **Date** ……