



ใบรายงานแพทย์ (Physician's Discharge Summary)

(Form B)

ถึง		จาก		Insurance	
Patient's Name HN AN					
Admission Date Time..... Discharge Date Time					
Please give full details relating to the treatment.					
For Illness:					
1. The date you first saw the patient for this illness:					
2. Chief complaint and duration of symptoms:					
3. In your opinion, how long should 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, injured organs:					
3. Was the patient under the influence of alcohol or drugs at the time of arrival to the hospital? () No () Yes					
Pertinent clinical findings (Symptoms & Signs):					
.....					
Underlying diseases:					
Investigations/ pathological studies:					
.....					
Diagnosis 1 ICD10.....					
Diagnosis 2 ICD10.....					
Diagnosis 3 ICD10.....					
(Please state the diagnosis leading to treatment on this admission (not including underlying diseases or conditions not treated). Please rank in order from the most important.)					
Treatment:					
.....					
Surgery/ Operation ICD9 / CPT					
Result/ Complications					
Is the illness related to alcohol, drug abuse or addiction? () No () Yes					
Is the patient pregnant? () No () Yes Gestation ageWeeks					
Was the treatment related to infertility? () No () Yes					
HIV test? () Not done () Done Result					
Has the patient been treated by other doctors? () No () Yes, (Please give name and address)					
Was the illness/injury contributed to or influenced by any of the following					
a) Physical defects/congenital anomaly () No () Yes					
b) Degenerative change(s) () No () Yes					
The Patient's Medical History					
Date	Signs & Symptoms	Diagnosis	Physician/ Hospital Name		
Estimated time for recovery					
Other Comments.....					
Signed					
Medical License No.					
(.....) SpecialtyDate:.....					