MEDICAL RECORD - NURSING DISCHARGE SUMMARY For use of this form, see AR 40-66; the proponent agency is OTSG								
1.	Date/Time:	2. Discharge to:	Home Other (spec		4. Accompanied by:			
		3. Mode: Ambula	tory Other (specify)					
5.	5. Activity:							
		nificant Other (S.O.) comm		understanding of activity	limitations.			
6.	Diet: No Dietary Re	•	al, identify					
		nunicates understanding of	dietary restrictions.					
7.	Medications: Name of Medication	No Medication Required Dosage	Frequency of Medicat	tion Special I	nstructions			
	Patient and/or S.O.	communicates knowledge	and understanding of na	me, dosage, frequency a	nd special instructions.			
8.	3. Treatments/Care: Patient/S.O. observed		S O observed		Patient/S.O. Returned			
	Instructions Given:		nonstrations (Date)		Demonstration (Date)			
-								
	uipment/Supplies (Specify)							
9.	Follow-up: You should be se	een in	clinic in	(tim	e period).			
	D. W. 115 5							
-		unicates understanding of f						
10.	10. Patient's Condition (Health Status relative to Nursing Care Plan):							
11.	Signature (Registered Nurse) 12. Additional Information:							
10	Deticat Identification							
13.	Patient Identification:							
				COP	Y 1 - INPATIENT RECORD COPY			
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MEDICAL RECORD - NURSING DISCHARGE SUMMARY For use of this form, see AR 40-66; the proponent agency is OTSG							
1.	Date/Time:	2. Discharge to:	Home Other (4. Accompanied by:		
		3. Mode: Ambula	atory Other (spec	cify)			
5.	Activity:	Limitations (specify)					
	Patient and/or Sig	nificant Other (S.O.) comm	unicates knowledge	and understanding of activity	limitations.		
6.	Diet: No Dietary Re	strictions If specia	al, identify				
	Patient/S.O. comr	nunicates understanding of	dietary restrictions.				
7.	Medications:	No Medication Required Dosage	Frequency of Me	dication Special II	nstructions		
	Patient and/or S.O.	communicates knowledge	and understanding o	of name, dosage, frequency ar	nd special instructions.		
8.	3. Treatments/Care:						
	Instructions Given:		S.O. observed nonstrations (Date)		Patient/S.O. Returned Demonstration (Date)		
					, , , , , , , , , , , , , , , , , , , ,		
_							
	uipment/Supplies (Specify)						
9.	Follow-up: You should be se	een in	clinic in	(tim	e period).		
	Patient/S.O. comm	unicates understanding of f	ollow-up instruction:	S.			
10.	Patient's Condition (Health	Status relative to Nursing C	are Plan):				
11.	Signature (Registered Nurse)			12. Additional Information:			
12	Patient Identification:						
13.	ratient identification:						
					COPY 2 - PATIENT COPY		

	MEDICAL RECORD - NURSING DISCHARGE SUMMARY For use of this form, see AR 40-66; the proponent agency is OTSG						
1.	Date/Time:	2. Discharge to:	Home Other (s		4. Accompanied by:		
		3. Mode: Ambula	atory Other <i>(spec</i>	ify)			
5.	Activity:	Limitations (specify)					
	Patient and/or Sig	nificant Other (S.O.) comm	unicates knowledge a	and understanding of activity	limitations.		
6.	Diet: No Dietary Re	strictions If specia	al, identify				
	Patient/S.O. comm	nunicates understanding of	dietary restrictions.				
7.	Medications:	No Medication Required Dosage	Frequency of Med	lication Special II	nstructions		
	Patient and/or S.O.	communicates knowledge	and understanding o	f name, dosage, frequency ar	nd special instructions.		
8.	8. Treatments/Care: Patient/S.O. observed		S O observed	Patient/C O Patienad			
	Instructions Given:		nonstrations (Date)		Patient/S.O. Returned Demonstration (Date)		
Equipment/Supplies (Specify)							
9.	Follow-up: You should be se	en in	clinic in	(tim	e period).		
Patient/S.O. communicates understanding of follow-up instructions.							
10.	10. Patient's Condition (Health Status relative to Nursing Care Plan):						
			——————————————————————————————————————	12. Additional Information:			
11.	Signature (Registered Nurse)	(Registered Nurse)					
13.	Patient Identification:						
				COPY 3 - HEALTH RECOR	D / OUTPATIENT TREATMENT		