OUTPATIENT DEPARTMENT (OPD) DISCHARGE FORM

OPD Number: _____
Date: _____ Time: _____

1. PATIENT PARTICULARS
Patient's Full Name: _____ Age: _____ Sex: ☐ Male ☐ Female
Address / Village: _____ Phone Number: _____
Next of Kin / Guardian: _____ Patient File Number: _____

2. CLINICAL INFORMATION
Consultation: _____
Procedures Done:
Minor Procedure : _____ Main Procedure : _____

3. DIAGNOSIS
Final Diagnosis: _____

4. INVESTIGATIONS
Investigation _____

5. TREATMENT GIVEN

6. MEDICATIONS PRESCRIBED ON DISCHARGE
No. _____ Drug Name _____ Dose _____
Frequency_____ Duration _____
1. _____
2. _____
3. _____

7. DISPOSITION / OUTCOME
Tick as appropriate:
☐ Discharged home ☐ Referred to another facility ☐ Admitted to the ward ☐ Transferred to another hospital ☐ Left against medical advice (LAMA) ☐ Other: _____
Reason for Referral / Admission (if applicable):

8. HEALTH EDUCATION AND FOLLOW-UP
Advice Given: _____ Date of Follow-up:
_____
Clinic / Department: _____ Warning Signs Explained: ☐ Yes ☐ No

9. AUTHORIZATION
Name of Attending Clinician: _____ Designation:
_____
Signature: _____ Date: _____
Facility Stamp: _____