

Date: [Date]

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Patient ID: [ID Number]

To: [Primary Care Physician Name]

Clinic: [Clinic Name]

RE: CHRONIC DISEASE MANAGEMENT DISCHARGE SUMMARY

1. Admission/Enrollment Details:

- **Start Date:** [Date]
- **Discharge Date:** [Date]
- **Primary Diagnosis:** [Main Chronic Condition]
- **Secondary Diagnoses:** [Additional Conditions]

2. Clinical Summary:

[Brief description of the treatment provided, patient progress, and goals achieved during the management program.]

3. Current Medication List:

[List all medications, dosages, and frequencies]

4. Test Results & Vitals:

- **Latest Vitals:** [BP, Heart Rate, Weight]
- **Key Labs:** [HbA1c, Cholesterol, etc.]

5. Discharge Instructions & Follow-up Plan:

[Details on diet, exercise, or lifestyle modifications.]

Next Appointment: [Date and Time with Specialist/GP]

6. Reason for Discharge:

[e.g., Goals met, transfer of care, patient request]

Sincerely,

[Provider Signature]

[Provider Name and Title]

[Facility Name]

[Contact Information]