

**Date:** [Date]

**Patient Name:** [Patient Full Name]

**Date of Birth:** [DOB]

**Medical Record Number:** [MRN]

**Admission Date:** [Date]

**Discharge Date:** [Date]

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## 1. Reason for Admission

[Brief description of symptoms and circumstances leading to hospitalization]

## 2. Diagnoses

**Primary:** [Diagnosis Name/ICD Code]

**Secondary:** [List any comorbid conditions]

## 3. Clinical Summary

[Summary of hospital course, therapeutic interventions, and patient progress]

## 4. Medication Regimen at Discharge

- [Medication Name] - [Dosage] - [Frequency]
- [Medication Name] - [Dosage] - [Frequency]

## 5. Risk Assessment

**Suicidality:** [Status at discharge]

**Homicidality:** [Status at discharge]

## 6. Discharge Instructions and Follow-up

**Outpatient Provider:** [Name of Doctor/Therapist]

**Next Appointment:** [Date and Time]

**Self-Care/Safety Plan:** [Brief notes on coping strategies or triggers]

## 7. Emergency Instructions

If symptoms worsen or a crisis occurs, please contact emergency services at [Emergency Number] or proceed to the nearest emergency room.

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**[Attending Psychiatrist Name]**  
[Clinic/Hospital Name]