Clinical Summary and Oncology Discharge Letter

Patient Information

Name: [Patient Full Name]

Date of Birth: [DD/MM/YYYY]

Patient ID: [ID Number]

Date of Admission: [Date]

Date of Discharge: [Date]

Clinical Diagnosis

Primary Diagnosis: [Primary Cancer Type and Stage]

Histology/Pathology: [Brief Pathological Details]

Comorbidities: [Relevant Secondary Conditions]

Treatment Summary

Chemotherapy/Systemic Therapy: [Regimen Name, Cycles Completed, Last Dose Date]

Radiotherapy: [Site, Total Dose, Number of Fractions]

Surgical Intervention: [Procedure Name and Date]

Response to Treatment: [Stable Disease / Partial Response / Complete Remission]

Hospital Course and Complications

[Summary of inpatient events, management of side effects, or acute toxicities encountered]

Discharge Medications

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

Follow-Up Plan

Next Oncology Appointment: [Date and Time]

Pending Investigations: [Upcoming Scans or Blood Tests]

Surveillance Schedule: [Frequency of future visits]

Emergency Contacts

In case of fever (over 38C), uncontrolled pain, or severe shortness of breath, please contact:

Oncology Triage: [Phone Number]

Out-of-Hours: [Phone Number]

Discharging Physician: [Name and Signature]

Department: [Department Name]

Date: [Current Date]