national health agency

Pradhan Mantri Jan Arogya Yojana
Ayushman Bharat
PM-JAY

GOVERNMENT OF INDIA

AYUSHMAN BHARAT
NATIONAL HEALTH AGENCY

ANNEXURE II: DISCHARGE SUMMARY FORM

Hospital			
Name		Doctor Type	
Hospital Type		Contact Number	
Mitra (on Duty at the time of discharge)			
Name		Mob Number	
Patients Details			
Name		Age	
Gender		Village/City/Town	
Block		District	
Contact No.		IP Number	
Case Number		Card Number	
Claim Number			
Treating Doctor/Surgeon			
Name		Registration No.	
Mobile No.		Date & Time of Admission	
Date & Time of Surgery/Therapy		Date of Discharge	
General Examination Findings			
Height		Weight	
BMI		Pallor	
Cyanosis		Clubbing of Fingers/Toes	
Lymphadenopathy		Edema of feet	
Malnutrition		Dehydration	
Temperature		Pulse Rate per minute	
Respiration Rate		BP Lt.Arm	
BP Rt. Arm			
History of Past Illness			
Past Illness not found			
Systematic Examination Findings			
No Data Found			
Investigations		Patient Diagnosed By	
Doctor Name		Patient Type	

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History of Present Illness		Investigation during Hospitalization	
Associated Comorbidity Condition, if any			
Code of Comorbidity Condition			
Diagnosis			
Primary Diagnosis			
Diagnosis Description			
Plan of Treatment			
Category Name	**Procedure Name**	**Investigation Remarks**	
Specialty Name			
Treatment Given			
Status at the time of discharge			
Advice on discharge			
Summary of cause of death in case of Mortality			
Designation	**Name**	**Signature/Thumb Impression**	
Patient Name			
Treating Doctor Name			
MEDCO Name			

I hereby declare that I have not requested for the treatment of the same patient/treated the same patient earlier for the same procedure. And/or I hereby declare that this preauthorization request is in continuation of the earlier treatment given

Signature of Treating Doctor with seal

Admission and Financial Details

Date of Discharge: