

**DEPARTMENT OF PSYCHIATRY & MENTAL HEALTH  
HOSPITAL SULTANAH AMINAH, JOHOR BAHRU**

Old Case

New Case

**DISCHARGE SUMMARY**

Name: \_\_\_\_\_ Age/DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

I/C: \_\_\_\_\_ (Old) R/N: \_\_\_\_\_  
 \_\_\_\_\_ (New)

Address ( Give current address and phone number )

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Tel: \_\_\_\_\_

Source Of Referral: \_\_\_\_\_

Date Of Admission: \_\_\_\_\_ Date Of Discharge: \_\_\_\_\_ Ward: \_\_\_\_\_

Diagnosis ( either ICD 10 or DSM IV, please specify ) :

Axis 1: \_\_\_\_\_ GAP: \_\_\_\_\_

Axis 2: \_\_\_\_\_

Axis 3: \_\_\_\_\_

Stressor: \_\_\_\_\_

Scales used :

HoNes

BPRS

BDI

MMSE

Others:

(please state)

Initial

Discharge

**Salient features of presenting problems ( in point form ):**

- 1.
- 2.
- 3.
- 4.

**Family History ( Draw a genealogical chart )**

**Personal History ( include schooling, marriage, no. of children, present work and duration, length of unemployment if not working, use of drugs etc )**

**Investigation Results :**

**Medication on discharge :**

**Discharge plan ( include follow-up and next TCA, psychological issues etc. )**

- 1.
- 2.
- 3.
- 4.

**Signed :**

**Medical Officer :**

**Specialist :**