

**California Correctional Health Care Services (CCHCS)
Hospital Discharge Summary**

Hospitalist Name:
Patient Name:
CDCR #:
Date of Hospital Discharge:

Recommendations:

1) Medications: ➤ ➤ ➤ ➤ ➤
2) Labs: ➤ ➤ ➤
3) Imaging Studies: ➤ ➤ ➤
4) Referrals: ➤ ➤ ➤
5) Wound Care: ➤ ➤ ➤
6) Diet: ➤ ➤ ➤
7) Activity: ➤ ➤ ➤
8) Follow up: ➤ ➤ ➤