กรุงเทพประกันชีวิต
BANGKOK LIFE

ส่วนที่ 2
Physician Discharge Summary

ถึง บริษัท กรุงเทพประกันชีวิต จำกัด (มหาชน) หมายเลขโทรสาร 02-777-8111	**จาก** โรงพยาบาล ..... หมายเลขโทรสาร .....

Patient's name : ..... HN .....

Admission Date..... Time.....Discharge Date ..... Time .....

Please give detail relating to this Treatment *Please uses medical terminology

For Illness :

1. Date you First saw this illness : .....

2. Chief complain and duration of symptoms .....

3. In your opinion, how long should this symptoms persist for this illness .....

For Accident:

1. Date & Time of accident ..... Date & Time you first saw this patient .....

2. Cause of accident, nature of wound and injured organs .....

3. Was the patient under the influence of alcohol or drug at the time of arrival to the hospital?

◯ No ◯ Yes .....

Patient Clinical findings (Symptoms & Signs) .....

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Underlying diseases .....

Investigations / Pathological studies .....

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Diagnosis 1 ..... ICD 10 .....

Diagnosis 2 ..... ICD 10 .....

Diagnosis 3 ..... ICD 10 .....

(Please fill the diagnosis that treated on this admission, not including the underlying diseased or conditions not treated : please ranking from the most important Dx. to the less one)

Treatment .....

Surgery .....

ICD 9 CM or 10TM .....

Result / Complications .....

Is the illness related to alcohol, drug abuse or addiction ? ◯ No ◯ Yes .....

For Female is the patient pergnant ? ◯ No ◯ Yes ..... GA .....Wks.

Was the treatment relate to infertility ? ◯ No ◯ Yes .....

HIV Not done Done Result .....

Has patient ever been treated by other doctors before ? ◯ No ◯ Yes, please give name and address .....

Past History

Date	Signs & Symptoms	Diagnosis	Treatment	Physicians

For accident : Estimated time for recovery .....

Other comments .....

Signature ..... Medical License No. .....

(.....) Date .....