

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

|                                    |
|------------------------------------|
| <b>Hospitalist Name:</b>           |
| <b>Patient Name:</b>               |
| <b>CDCR #:</b>                     |
| <b>Date of Hospital Discharge:</b> |

**Recommendations:**

|   |
|---|
| <b>1) Medications:</b><br>➤<br>➤<br>➤<br>➤<br>➤ |
| <b>2) Labs:</b><br>➤<br>➤<br>➤                  |
| <b>3) Imaging Studies:</b><br>➤<br>➤<br>➤       |
| <b>4) Referrals:</b><br>➤<br>➤<br>➤             |
| <b>5) Wound Care:</b><br>➤<br>➤<br>➤            |
| <b>6) Diet:</b><br>➤<br>➤<br>➤                  |
| <b>7) Activity:</b><br>➤<br>➤<br>➤              |
| <b>8) Follow up:</b><br>➤<br>➤<br>➤             |