

THIS IS ONLY A SAMPLE
PLEASE WRITE YOUR OWN BASED ON THE SPECIFIC NEEDS/SITUATION OF YOUR
PRACTICE

Behavioral Health
DISCHARGE SUMMARY

Member Name _____ Date of Birth _____ ID# _____

Admission Date _____ Discharge Date _____ Date of Summary _____

SERVICES RECEIVED:

____ MH-Individual ____ Family ____ Couples ____ Play ____ Group ____ IOP ____ Partial ____
____ SA-Individual ____ Group ____ IOP ____
____ Medication Management

SUMMARY

Review of Presenting Problems:

Progress Toward Each Treatment Goal:

(Continued on reverse side)

Assessment of Member's Clinical Status at Discharge:

Discharge Diagnosis (Include all five axes):

Axis I _____

Axis II _____

Axis III _____

Axis IV _____

Axis V _____

WHODAS 2.0 _____

Discharge Medication and Medication Monitoring: _____

Disposition and Recommendations at Discharge:

(Include living arrangements, special circumstances/needs, referrals made to private or public programs, list of other therapeutic suggestions and follow-up preventive services)

Signature and Title of Treating Practitioner

Date