



## **DISCHARGE SUMMARY**

Client Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

Reason for Evaluation/Treatment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Treatment Focus and Course of Treatment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Condition at Discharge/Status of Problems Treated: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Discharge Diagnosis (please list code and description):

ICD 10 CM \_\_\_\_\_

ICD 10 CM \_\_\_\_\_

ICD 10 CM \_\_\_\_\_

ICD 10 CM \_\_\_\_\_

ICD 10 CM \_\_\_\_\_

Reason for Discharge (please check):

☐ Mutual Agreement/Treatment Goals Reached

☐ Mutual Agreement/Treatment Goals Partially Reached

☐ Mutual Agreement/Treatment Goals Not Reached

☐ Client Discharged/Program Unilateral Decision

☐ Client Withdrew: AWOL, AMA, No Improvement

☐ Client Moved Out of Service Area

☐ Discharge/Administrative Reasons

☐ Other (reason): \_\_\_\_\_

Discharge Recommendations/Arrangements/Appointments:

Discharge With: ☐ No Meds ☐ Meds \_\_\_\_\_

Discharge To: \_\_\_\_\_

Prognosis: ☐ Excellent ☐ Good ☐ Favorable ☐ Guarded ☐ Poor

Admission Date: \_\_\_\_\_ Date of Last Service: \_\_\_\_\_

Provider: \_\_\_\_\_ Date: \_\_\_\_\_