

DISCHARGE SUMMARY

Admission Date: _____

Discharge Date*: _____

Presenting Information: _____

Services Received and Response: _____

Medication(s): (Include Dosage & Response) ☐ None _____

Disposition and Recommendations: (If referred, include name of agency(s) or practitioner(s)) _____

Referral Out Code _____

Diagnosis: (circle one)

Axis I Prin / Sec _____ Code _____

Prin / Sec _____ Code _____

Axis II Prin / Sec _____ Code _____

Axis III _____ Code _____

Axis V Discharge GAF _____ Prognosis _____

Signature & Discipline

Date

Reviewer's Signature & Discipline

Date

*Discharge Date: last service date or last cancelled or missed appointment.

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without the prior written authorization of the client/authorized representative to who it pertains unless otherwise permitted by law.

Name:

MIS #:

Agency:

Prov. #:

Los Angeles County - Department of Mental Health

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