

**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:**

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**Progress Toward Each Treatment Goal:**

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*(Continued on reverse side)*

**Assessment of Member's Clinical Status at Discharge:**

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**Discharge Diagnosis (Include all five axes):**

**Axis I** \_\_\_\_\_

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**Axis II** \_\_\_\_\_

**Axis III** \_\_\_\_\_

**Axis IV** \_\_\_\_\_

**Axis V** \_\_\_\_\_

**WHODAS 2.0** \_\_\_\_\_

**Discharge Medication and Medication Monitoring:** \_\_\_\_\_

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**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)*

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Signature and Title of Treating Practitioner

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Date