

DISCHARGE SUMMARY

PATIENT'S NAME _____ DATE _____

FILE NUMBER _____

PRESENTING PROBLEMS:

DIAGNOSTIC IMPRESSION:

AXIS I _____ / _____

AXIS II _____ / _____

AXIS V – Current GAF: _____

Highest GAF past year: _____

SUMMARY OF TREATMENT (include medications and goals met)

SIGNED: _____

FINAL DIAGNOSIS: (Please designate which Dx is primary, which secondary)

AXIS I _____ / _____

AXIS II _____ / _____

AXIS III _____

AXIS IV _____ Psychosocial Stressors: _____

Severity: _____

AXIS V Current GAF: _____

Highest GAF past year _____

REASON FOR TERMINATION:

REFERRAL(S)/RECOMMENDATION(S)/CASE MANAGEMENT PLANS:

SIGNED: _____