MH 517
Revised 05/16/03

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: **(check 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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