

# DISCHARGE SUMMARY

Attachment 3

Group Home Child ☐

C.A.R.E.S. ☐

A.C.T. ☐

Consumer Name

Discharge Date

SS#

DOB

Reason for Discharge: \_\_\_\_\_

Type of treatment received, summary of treatment, consumer's response to treatment:

Family Involvement:

Discharge medications / response and significant physical conditions:

Condition of consumer and/or family on discharge (Note any dangerous or destructive behaviors):

Follow up recommendations (include services needed consumer's agreement with recommendation and final disposition):

## Discharge Diagnosis

Axis I (P)

Axis I (S)

Axis II

Axis III

Axis IV

Specific Psychological Stressors

Axis V

Current

Highest in Past

Provider Signature & Title:

Provider's Printed Name & Title:

Agency Provider Represents:

DPSS Social Worker:

Group Home Name: