



BEHAVIORAL HEALTH DISCHARGE SUMMARY

DATE OF SUMMARY	CURRENT FACILITY	UNIT (optional)	DATE ENTERED DOC	ERD/PRD
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1. Primary Problem

2. Current Diagnoses

3. Recommended Treatment Plan

- Case management: Yes No
- Individual therapy: Yes No Group therapy: Yes No
- Substance abuse program: Yes No Psychotropic medications: Yes No
- Other:

4. Current level of care/intensity of treatment

- Limited/none Intensive residential/inpatient Residential/inpatient
- Outpatient medications and therapy Outpatient therapy Outpatient medications

5. Symptoms—Psychological Processes:

- Content of thought: Within normal limits
- Delusions (specify): Obsessions Perseverations
- Preoccupations Other:
- Form of thought: Well organized
- Loosening of associations Flight of ideas Racing thoughts Neologisms
- Poverty of content of speech Blocking Perseverations Other:
- Perception: Within normal limits
- Hallucinations (specify):
- Affect/Mood: Within normal limits
- Blunted Flat Labile Driven
- Anxious Irritable Angry Hostile
- Depressed Withdrawn Euphoric Other:
- Cognition: Within normal limits
- Alert Confused/Disoriented Cognitive impairment
- Other:
- Speech: Within normal limits
- Impoverished Latent Loud Pressured
- Quiet Rapid Slowed Slurred
- Other:
- Psychomotor: Within normal limits
- Agitated Fidget Gait Slowed

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.



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- Tremor Unusual postures/behaviors Other:
 Memory: Intact Short-term impaired Long-term impaired
 Comments (brief explanation):

6. Treatment Summary (describe treatment settings and what worked and did not work)

7. Currently Prescribed Psychotropic Medications

Medication adherence (only one)

- Involuntary Adherent Partially adherent Refused

Allergies or adverse drug reactions:

8. Relevant History

Mental health history:

Salient social and criminal history:

Harm to self (check all that apply):

- Suicide attempt(s) Suicidal ideation Self-harm behavior(s)

Dangerous behavior (check all that apply):

- Violence to others Use of weapon Property destruction
 Sexual deviancy Fire-setting

9. How long would serious symptoms persist without treatment?

- < 90 days 90 days 180 days 360 days

10. Behavioral Issues and Warning Signs (include behavioral patterns or signs that indicate concern)

11. Employability (describe how symptoms restrict capacity to work)

12. ORCS program

- No Yes

If yes, has the Mental Health Advanced Directive information been provided per DOC 630.520?

- No Yes

13. Community supervision

- No Yes – Name of assigned CCO, if known:

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PATIENT I.D. DATA:
(Name, DOC#, DOB)

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Signature of provider

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