

## Discharge Summary

**Client:**

**Discharge Date:**

**Diagnosis:**

Reason for admission:

Reason for discharge:

Primary/significant issues identified during treatment:

Summary of services, progress in treatment, and outstanding concerns:

Coordination of care with other service providers:

Advanced directives developed or initiated during course of services:

*Deferred.*

Summary of medications prescribed during treatment and individual's response to medications: *This information is outside the scope of services provided by the therapist.*

Medications recommended and prescribed at discharge:

*No medications have been prescribed or recommended to client by therapist. Client is recommended to refer all questions related to medication to the prescriber, if currently applicable.*

Summary of legal status during course of services and at time of discharge (for example, client on probation):

Referrals and recommendations for follow-up care:

Response of client and/or family to discharge:

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Therapist Signature, Credentials

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Date