

example (this is not a client)

Integrated Therapy Solutions of Oklahoma, LLC

Discharge Summary

(To be completed within 30 days of termination of services)

(date of referral)

CLIENT NAME: Scott Cope

ADMISSION DATE: 6/1/21

PRIMARY CLINICIAN: Destani Makiout, LCCand

DISCHARGE DATE: 7/1/22 TRANSFER DATE: n/a

I. Presenting Problem:

Described by client during assessment:

Cx presented to intake alone and reported the following symptoms: depression and suicidal ideation. Cx reported symptoms had been present for 6 years prior to intake. Cx reported no hx of treatment.

II. Assessment:

Initial Condition: Mental Status, Affect, High Risk Indicators, Medical Director's Impressions, Clinical Strengths

Cx was oriented x4. Cx's affect was flat. Cx reported multiple high-risk indicators at intake. Safety plan was completed. MHP assessed Cx to be appropriate for agency services. Strengths were reported to be fluent communication and strong social support. (during intake)

III. Diagnoses

At Initial Assessment

Diagnosis I: Major Depressive Disorder, severe, recurrent (F33.2)

Diagnosis II: _____

Diagnosis III: _____

IV. Services: List services provided

psychiatric Diagnostic Evaluation, individual therapy (throughout services here)

V. Medication:

What Patient was prescribed at Intake?

Drug Name Dose Frequency

none reported

VI. Final Assessment of patient/prognosis

Referrals/Recommendations: Strengths, needs, abilities and preferences at discharge. Include extent to which goals/objectives were achieved and the reason for discharge.

Cx was not present at discharge due to moving states unexpectedly. Cx strengths just prior to discharge included communication, strong support, decreased depression, and a working knowledge of behavioral activation. Cx still reported needing to work on depression. Discharge was not recommended, but Cx did make significant progress on goals and objectives. MHP assisted Cx in finding therapist in new state.

What Patient was prescribed at Discharge?

Drug Name Dose Frequency

Cx not present

Makiout, Destani 7/1/22
Therapist Signature DATE

☐ DISCHARGE CDC COMPLETED IN MILAN
☐ TRANSITION PLAN COMPLETED (IF CLIENT IS PRESENT)

Client Name: Cope, Scott