

CX present

Example! (Not a real client)

Integrated Therapy Solutions of Oklahoma, LLC

Discharge Summary

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

(date of referral) 1/1/21

CLIENT NAME: Gina Pearson

ADMISSION DATE: 1/1/21

PRIMARY CLINICIAN: Destani Malicoat, LCC DISCHARGE DATE: 8/1/22 TRANSFER DATE: n/a

I. Presenting Problem:

Described by client during assessment:

CX presented to intake alone and reported the following symptoms: anxiety, insomnia, and flashbacks. The symptoms had been present for one year following a traumatic event.

III. Diagnoses

At Initial Assessment

Diagnosis I: Posttraumatic stress disorder (F43.10)

Diagnosis II: _____

Diagnosis III: _____

V. Medication:

What Patient was prescribed at Intake?

Drug Name Dose Frequency

Zoloft 100mg daily
hydroxyzine 5mg daily

What Patient was prescribed at Discharge?

Drug Name Dose Frequency

Zoloft 50mg daily
hydroxyzine 5mg daily

II. Assessment:

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

CX was oriented x4 at intake. CX presented with appropriate affect. CX reported no high risk factors (like homelessness, suicidality, family hx of suicide, hopelessness, etc.) CX was assessed to be appropriate for agency services. Strengths reported were strong communication skills and prior therapy.

IV. Services:

List services provided: Psychiatric diagnostic evaluation, individual psychotherapy (throughout services here)

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 has completed goals and objectives. CX and Therapist have mutually agreed to discharge. CX will be referred back to ITS for additional needs after discharge. CX reported decreased anxiety, no disordered sleep, and no longer meets criteria for PTSD. Strengths gained include increased emotional insight and less reactivity to triggers.

Info at discharge
Therapist Signature: Malicoat, LCC DATE: 8/1/22

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

Client Name: Pearson, Gina