

Discharge Summary

Client Name: Luke Skywalker		Date of Intake: 7/17/20	
Discharge Dx: MDD/Alcohol Use in Remission		Date of Discharge: 9/27/20	
Course of Treatment			
Referral Source/Reason for admission:	Client was referred by PCP to address depressive symptoms including irritability, anger, hopelessness, insomnia, isolating from friends and family, loss of appetite and passive SI with no intent. Client had recently divorced from wife and was self-medicating with alcohol 5-6 times per week.		
Outcome (Treatment plan objectives met?) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> Client did not return	Client's depressive symptoms have decreased dramatically. Client has been able to increase use of supports and has learned, practiced and implemented various coping skills to reduce frequency of irritability, anger and hopelessness. Client has not reported SI for past 6 months. Client has been utilizing SMART and has obtained a sponsor to maintain sobriety for 4 months.		
Significant diagnostic changes during treatment? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Alcohol Abuse to Alcohol Use in Remission		
Medication Information			
Medications at Discharge: Medication Adherence: <input checked="" type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> Unknown	Effexor 75mg BID		
Discharge Plans			
Recommendations/Referrals: PCP SMART Individual Therapy ACL	<p><i>Due to client stability on current medications, client's PCP will continue medication management.</i></p> <p><i>Client will continue attending SMART meetings weekly and utilize sponsor to maintain sobriety</i></p> <p><i>Client will continue monthly sessions with LMFT Princess Leia</i></p> <p><i>Contact if SI returns 888-724-7240</i></p>		
Provider Signature & Credentials (if signature illegible, include printed name): <i>Caring Provider MD</i>		Date of Signature: 9/30/20	

Please note: County of San Diego Behavioral Health Services created this document as a sample tool to assist providers in documentation. The County does not require the use of this document, nor are we collecting the information contained herein.