

(ALL SECTIONS MUST BE COMPLETED IF OPEN MORE THAN TWO MONTHS)

REASON FOR EVALUATION/TREATMENT: _____ (enter number)

- | | | |
|--|--------------------------------------|--|
| (1) crisis help (not seeking hospitalization) | (5) comply with family's wishes | (10) regain custody of children |
| (2) seeking hospitalization | (6) comply with parents' wishes | (11) avoid loss of job, marriage, etc. |
| (3) non-crisis psychological I psychiatric symptom relief | (7) comply with conservator's wishes | (12) obtain entitlement benefits related to mental health |
| (4) comply with justice system related to chargeable offense | (8) comply with mental health system | (13) maintain non-mental health-related resource help (housing, etc) |
| | (9) comply with M.D. instruction | |

ADDITIONAL COMMENTS:

TREATMENT FOCUS/COURSE OF TREATMENT:

LAST KNOWN CONDITION AND STATUS OF PROBLEMS TREATED:

PROVIDER RATING OF OVERALL CHANGE SINCE ADMISSION DATE (progress toward goals, improvements in functioning, general mental health, symptom improvement)

9	8	7	6	5	4	3	2	1
Significant Improvement		Slight Improvement		No Change		Slightly Worse		Significantly Worse

DISCHARGE SUMMARY
SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
Confidential Patient Information
See W&I Code 5328

NAME:
CHART NO.:
DOB:
PROGRAM:

REASON FOR DISCHARGE: _____ (enter code number)

Discharge Codes for OUTPATIENT ONLY	Status of Recovery Goals at the Time of Episode Closure	Mutual Agree- ment	Client Deceased	Client Moved	Client Incarcerated	Admin Discharge	Client Dissatis- fled	No Follow Through
	Reached	50	51	52	53	54	55	56
	Partially Reached	60	61	62	63	64	65	66
	Not Reached	70	71	72	73	74	75	76

Other Reasons	Code
Age Ineligible	15
No Services Needed	18
Reason Unknown	99

SERVICE MODE(S) BEING CLOSED: MHS CM MSS DTI

DISCHARGE RECOMMENDATIONS/ARRANGEMENTS/APPOINTMENTS:

Discharge With: No Meds Meds: _____
Discharge To: No TX TX (Type, Clinic): _____

PROGNOSIS: Excellent Good Favorable Guarded Poor

ADMISSION DATE: _____ DATE OF LAST DOCUMENTED CLIENT CONTACT: _____

DATE

STAFF SIGNATURE

PRINTED NAME

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