

GEORGIA DEPARTMENT OF CORRECTIONS Facility: \_\_\_\_\_

Mental Health Discharge Progress Note Name: \_\_\_\_\_

“Discharge Summary” ID#: \_\_\_\_\_

Date: \_\_\_\_\_ DOB: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_

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**I. Data:** Purpose: Discharge from Mental Health Services.

The treating psychiatrist/APRN \_\_\_\_\_ and/or Clinical  
(name)  
Director/psychologist \_\_\_\_\_ in collaboration with the Mental  
(name)  
Health Unit Manager \_\_\_\_\_ and the Mental Health Counselor  
(name)  
have decided to discharge this offender from the caseload. The offender was Level II  
from \_\_\_\_\_ to \_\_\_\_\_ and (was/was not) on medication.  
(date) (date) (circle)

The offender’s medication was discontinued \_\_\_\_\_  
(date)

**II. Assessment:**

Diagnosis: \_\_\_\_\_ Unchanged/Changed as of \_\_\_\_\_  
(circle) (date)

Comments: \_\_\_\_\_

**III. Plan:** \_\_\_\_\_ Discontinue Mental Health Services \_\_\_\_\_

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