

GEORGIA DEPARTMENT OF CORRECTIONS

Facility: _____

MENTAL HEALTH SERVICES

Offender: _____

Acute Care Unit Discharge Summary Note

GDC ID# _____ DOB: _____

Date: _____

Race: _____ Sex: _____

I. Data: Purpose: Acute Care Unit Discharge Summary.

Target Symptoms: _____

Range of Dates: From _____ To _____

Summary Discussion: _____

II. Assessment: (assessment of target symptoms) _____

Diagnosis: _____

Comments: _____

Level of Care: _____

III. Plan: (housing and interventions to continue): _____

Mental Health Counselor or Nurse Signature/Title

Printed/Typed Name