

Georgia Department of Corrections

Facility: \_\_\_\_\_

Offender: \_\_\_\_\_

**Crisis Stabilization Unit Discharge Summary**

GDC ID#: \_\_\_\_\_ DOB: \_\_\_\_\_

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

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**Attending Physician Summary**

Referring Facility: \_\_\_\_\_

Admitting Date: \_\_\_\_\_

Discharge Date: \_\_\_\_\_

Admitting Diagnosis: \_\_\_\_\_

Final Diagnosis: \_\_\_\_\_

Principal Diagnosis: \_\_\_\_\_

Principal Diagnosis: \_\_\_\_\_

Other Diagnosis: \_\_\_\_\_

Other Diagnosis: \_\_\_\_\_

Summary of Stay:

Reason for Admission:

Pertinent Physical Findings:

Pertinent Lab Values/X-Ray Results:

Patient CSU Course and Outcome:

Disposition Changes (including medications, treatments and justification for level of classification at discharge.):

Level Change Recommended: [ ] Yes [ ] No Why?

\_\_\_\_\_  
Attending Physician Signature

\_\_\_\_\_  
Printed/Typed Name

\_\_\_\_\_  
Date

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**Nursing Summary and Continuity of Care**

Vital Signs: Temp \_\_\_\_\_ Pulse \_\_\_\_\_ Respiration \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Discharge Instructions (Such as how to use medication):

Discharge Teaching on the Patient's Condition:

Recommended Follow-Up Appointments:

Completed Intra-System Transfer Form PI-2002       Yes                       No

Telephoned Medical Staff at the Receiving Facility       Yes                       No

\_\_\_\_\_  
Nursing Staff's Signature

\_\_\_\_\_  
Printed/Typed Name

\_\_\_\_\_  
Date