

Georgia Department of Corrections

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

CSU Discharge Summary Note

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

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

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

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

**I. Data:** Purpose: CSU Discharge Summary

Target Symptoms: \_\_\_\_\_

Range of Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Summary of Discussion: \_\_\_\_\_

**II. Assessment:** (Assessment of target symptoms) \_\_\_\_\_

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

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

Level of Care: \_\_\_\_\_

**III. Plan:** (housing and interventions to continue): \_\_\_\_\_

\_\_\_\_\_  
Signature/Title (Mental Health Counselor or Nurse)

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