MH 672

Revised 05/05/09

NETWORK PROVIDER DISCHARGE SUMMARY

Admission Date: _____ **Discharge Date*:** _____

Presenting Information:

Services Received and Response:

Medication(s): (Include Dosage & Response) ☐ None

Disposition and Recommendations: [if referred, include name of agency(s) or practitioner(s)]

Referral Out Code: _____

Discharge Diagnosis:

Axis I ☐ Prin ☐ Sec Code _____ Nomenclature _____

☐ Sec Code _____ Nomenclature _____

Code _____ Nomenclature _____

Code _____ Nomenclature _____

Axis II ☐ Prin ☐ Sec Code _____ Nomenclature _____

☐ Sec Code _____ Nomenclature _____

Axis III _____ Code _____

_____ Code _____

_____ Code _____

Axis IV Psychological and Environmental Problems which may affect diagnosis, treatment, or prognosis (Check all that apply)

1. ☐ Primary support group 2. ☐ Social environment 3. ☐ Educational 4. ☐ Occupational 5. ☐ Housing 6. ☐ Economics

7. ☐ Access to health care 8. ☐ Interaction with legal system 9. ☐ Other psychosocial/environmental 10. ☐ Inadequate information

Axis V Discharge GAF: _____ Prognosis: _____

*Discharge Date: last service date or last cancelled or missed appointment

_____ _____ _____ _____

Signature & Discipline Date Co-Signature & Discipline Date

Name: **DMH Client ID#:**

Individual/Group/Organizational Provider Name:

Los Angeles County – Department of Mental Health