

# Riverside University Health System – Behavioral Health DISCHARGE SUMMARY

C.A.S.T.       C.A.R.E.S.       A.C.T.

Consumer Name:       DOB:       Discharge Date:

Social Security Number:       Medi-Cal ID Number:

Reason For Discharge:

Type of treatment received, summary of treatment, consumer’s response to treatment:

Family Involvement:

Discharge medications / response and significant physical conditions:

Follow up recommendations (include services needed consumer’s agreement with recommendation and final disposition):

### Discharge Diagnosis

ICD-10 Code: \_\_\_\_\_

Axis I \_\_\_\_\_

Axis I \_\_\_\_\_

Secondary \_\_\_\_\_

Axis II \_\_\_\_\_

Axis III \_\_\_\_\_

Axis IV \_\_\_\_\_

Specific Psychological Stressors

Axis V \_\_\_\_\_

Current

Highest in Past Year

Provider’s Signature & Title: \_\_\_\_\_

Provider’s Name (printed): \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Agency Provider Represents: \_\_\_\_\_

DPSS Social Worker: \_\_\_\_\_

Group Home Name: \_\_\_\_\_