

Date: [Date]

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Patient ID: [ID Number]

Admission Date: [Date]

Discharge Date: [Date]

To: [Primary Care Physician/Referrer Name]

Re: Discharge Summary

Admission Diagnosis:

[Insert Diagnosis]

Discharge Diagnosis:

[Insert Diagnosis]

Reason for Admission:

[Brief description of symptoms or safety concerns at admission]

Hospital Course and Treatment:

[Summary of therapy, group participation, and stabilization efforts]

Discharge Medications:

- [Medication Name], [Dosage], [Frequency]
- [Medication Name], [Dosage], [Frequency]

Follow-up Care Plan:

- **Outpatient Psychiatry:** [Provider Name] on [Date/Time]
- **Therapy/Counseling:** [Provider Name] on [Date/Time]
- **Case Management:** [Name/Agency]

Safety Plan:

[Brief summary of crisis plan or emergency contacts]

Discharge Condition:

[Stable/Improved/Refined Treatment Goals]

Sincerely,

[Doctor Name/Signature]

[Title/Credentials]

[Facility Name]