***KP PC Behavioral Health Department***

**Please return typed via Confidential Fax or Secure Email/Scan** to:

[External-Referral-Team-STR@kp.org](mailto:External-Referral-Team-STR@kp.org) or Fax: 818-758-1361

**DISCHARGE SUMMARY**

|  |  |
| --- | --- |
| **Patient Name:** | **Medical Record Number:** |
| Discharge Date: | Dates of Service: |
| Number of Sessions: |  |

|  |
| --- |
| **Presenting problem/Symptoms:** |
|  |

|  |  |
| --- | --- |
| **Treatment Plan:** |  |
| Goal 1: | Progress made: |
| Goal 2: | Progress made: |

|  |
| --- |
| **Reason for discharge:** |
|  |

|  |  |
| --- | --- |
| Recommend continued treatment | No further treatment recommended/needed |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Recommendations (include any referrals provided):** | | | | |
|  | | | | |
| Provider Signature: |  |  | **Date:** |  |