Reset Form

Client Name		Client ID	

Effective Date		Author	

Instructional Text

Note: The current problem list and medication list will be attached. The most recent diagnosis for this program will also be attached.

Episode Information

Admission Date:		Admission Time:	
Discharge Date:		Discharge Time:	

Discharge Reason (include justification of stability)

Discharge Plan (include follow-up appointments, methods of transfer, other transfer considerations)

Episode Summary

Current Mental/Psychosocial Status

Prognosis

Client Strengths

Other Important Information (include mobility concerns, client preferences, etc.)

Signature		**Date**	

Printed Name & Credentials	