**Topic 8 Discharge Summary Template**

**Directions:** Complete the Discharge Summary form by addressing the fields below.

**Presenting Problem Upon Admission:**

[State the client's presenting problem upon admission here.]

|  |  |
| --- | --- |
| **Client Name:** [Enter the client's name here] | **Date of Birth:** [MM/DD/YYYY] |
| **Date of Admission:** [MM/DD/YYYY] | **Date of Discharge:** [MM/DD/YYYY] |

**Current Medication:**

[List the client's current medications here.]

**Reason for Discharge:**

[State the client's reason for discharge here.]

**Resources and Referrals:**

[List the client's resources and referrals here.]

**Projected Prognosis:**

[State the client's projected prognosis here.]

|  |  |  |
| --- | --- | --- |
| Eliza D 00/00/00 |  | *<sign and date here>* |
| Client Signature & Date | Case Manager Signature & Date |