Client Name						C	lient ID					
Effective Date					Author	r						
Instructional T												
Note: The current will also be attach		ist and me	edication	ı list will l	be attached	l. Th	he most	recen	t diag	nosis	for th	s prograr
Episode Inforr	mation											
Admission Date:					Admissi	Admission Time:						
Discharge Date	:	Dischar				ge T	Time:					

CalMHSA Discharge Summary

	,							
Other Important Information (include mobility concerns, client preferences, etc.)								
Signature				Date				
Signature				Date				
Printed Name								
& Credentials								