

Georgia Department of Correction Institution: _____

Name: _____

GDC ID#: _____

Date: _____

Date of Birth: _____

Race: _____ **Sex:** _____

**SPECIAL MENTAL HEALTH TREATMENT UNIT(SMHTU)
DISCHARGE SUMMARY**

Behavioral Therapy Unit Counselor _____ **Printed/Typed Name**

Admit Date: _____ / **Discharge Date:** _____

Admitting Diagnosis: _____

Reason for Admission: _____

Final Diagnosis (if different from above): _____

Summary of Stay (SMHTU Course and Outcome): _____

**Disposition Changes (Including medications, treatments and justification for level of
classification at discharge.):** _____

Level Changed: ☐ Yes ☐ No **Why?** _____

Plan: Recommended Follow-Up Appointments:

Approved by the Treatment Team:

Attending SMHTU Counselor _____ **(Signature)**
Activity Therapist

Signature

Printed/Typed Name

Multifunctional Correctional Officer:

Signature

Printed/Typed Name

Clinical Director:

Signature

Printed/Typed Name

Psychiatrist:

Signature

Printed/Typed Name

Others:

Title: _____

Signature

Printed/Typed Name

Title: _____

Signature

Printed/Typed Name

Title: _____

Signature

Printed/Typed Name

Title: _____

Signature

Printed/Typed Name