GEORGIA DEPARTMENT OF CORRECTIONS	Facility:
Mental Health Discharge Progress Note	Name:
"Discharge Summary"	ID#:
Date:	DOB:
	Race: Sex:
I. Data: Purpose: Discharge from Mental Health Services.	
The treating psychiatrist/APRN	and/or Clinical
Director/psychologist	(name) in collaboration with the Mental
	and the Mental Health Counselor
have decided to discharge this offender from the caseload. The offender was Level II	
from to and (wa (date) (date)	as/was not) on medication. (circle)
The offender's medication was discontinued	
II. Assessment:	
Diagnosis: Unchang	ged/Changed as of circle) (date)
Comments:	
III. Plan: Discontinue Mental Health Services	

Page \_\_\_\_ of \_\_\_\_ [ ] Attachment

Form no. M32-01-01

Retention Schedule: Completed forms shall be placed in the offender's health file (medical – section 5). At the end of the offender's need for mental health services and/or sentence, the mental health file shall be placed within the offender's health record and retained for 10 years.