GEORGIA DEPARTMENT OF CORRECTIONS	Pacility:	
MENTAL HEALTH SERVICES Acute Care Unit Discharge Summary Note		
	GDC ID#	DOB:
Date:	Race:	Sex:
***************	********	**********
I. Data: Purpose: Acute Care Unit Discharge Summar	y.	
Target Symptoms:		
Range of Dates: From To)	
Summary Discussion:		
II. Assessment: (assessment of target symptoms)		
Diagnosis:		
Comments:		
Level of Care:		
III.Plan: (housing and interventions to continue):		
Mental Health Counselor or Nurse Signature/Title		Printed/Typed Name

Form no. M70-01-05

Retention Schedule: Upon completion this form shall be placed in the offender's mental health file (section 1). 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.