

Georgia Department of Corrections

Facility: _____

CSU Discharge Summary Note

Offender: _____

GDC ID#: _____

Date: _____

Race: _____ Sex: _____

I. Data: Purpose: CSU Discharge Summary

Target Symptoms: _____

Range of Dates: From: _____ To: _____

Summary of Discussion: _____

II. Assessment: (Assessment of target symptoms) _____

Diagnosis: _____

Comments: _____

Level of Care: _____

III. Plan: (housing and interventions to continue): _____

Signature/Title (Mental Health Counselor or Nurse)

Printed/Typed Name