McLaren Flint Neurologic Rehabilitation Institute Social Work Discharge Summary

Client Name:		DOB:
Primary Therapist:		
Admit Date:		
Date Last Seen:		Service Provided: 🗆 Intake Only
Discharge Date:		Ind #Grp# Fam#
Reason For discharge:		
☐ Needed different level of care		☐ No improvement or change; continued stay not justified
☐ Left against medical or staff advice		☐ Terminated for disciplinary/noncompliance with rule
☐ Health complications		☐ Dropped out (did not return for scheduled appointment)
☐ Return to Criminal justice system		☐ Partial Completion of goals
☐ Complete Treatment		☐ Transfer to:
Initial Diagnosis:		
	Code:	V Code:
		V Code:
	Code:	V Code:
		V Code:
	Code:	V Code:
Final Diagnosis (if different than above or	Code:	V Code: V Code:
	Code:	V Code:
	Code:	V Code:
	Code:	V Code:
WHODAS Score (World Health Organiza Raw Score/36 = General Score Summary of Initial Assessment (summary problems; desired outcomes/ expectation	r presenting str	Mild ☐ Moderate ☐ Severe ☐ Extreme rengths, abilities, needs, and preferences of client presenting

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PT.

MR.#/P.M.

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Summary Of Progress During Treatment (summary of goals,	objectives, expectations/outcome achieved or not
achieved):	
Discharge/Transfer Plan (recommendation, referral, ongoing	
management; client's input regarding recommendation and	plans—may refer to Aftercare/Recovery Plan if applicable):
Therapist Signature	Date/Time
Therapist Signature	Date/ fille
Psychiatrist Signature (if required)	 Date/Time
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Clinical Reviewer Signature (if required)	

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