

Client Name: Test PatientAB DOB: 09/11/1950 Facility: Happy Home N&R Room #: 317

DISCHARGE NOTE

Services Initiated On: 01/03/2021

Date of Discharge from Services: 02/27/2021

Reason for Referral:

Attending physician ordered services for treatment of clinical depression and suicidal ideation. Symptoms at time of referral included: irritable, refusing meds, thoughts of self harm. Pt. showed marked agitation and is refusing medications since arriving at current placement. Stated moderate to high levels of despair over current health status with thoughts of self harm 2Xdaily the past 7 days. Distress level high and (+) correlated with bouts of acute physical pain secondary to recent amputation.

Summary of Treatment:

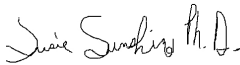
Provided 11 individual therapy visits and 2 family therapy sessions (with wife). By end of treatment, GDS score improved by 7 points over baseline, Mr. PatientAB developed coping strategies to manage physical pain and cope with loss. Frustration tolerance much improved as reported by facility staff. Pt complied in full with PT plan of care and stopped refusing medications. Behavioral outbursts discontinued as his depressive symptoms subsided and hope for positive future was building.

Reason for Discharge: Resident No Longer at Facility

If Other: DCed to home!

_____ Facility should consider re-referring resident to Cotler Psychology Services if condition or situation changes in future.

I hereby certify the above information is true and correct:

Susie Sunshine, Ph.D.	Ph.D.	FL12345		02/27/2021
Clinician Name	Credentials	License #:	Signature	Date