1. Primary Problem

2. Current Diagnoses

3. Recommended Treatment Plan
   - Case management: ☐ Yes ☐ No
   - Individual therapy: ☐ Yes ☐ No
   - Group therapy: ☐ Yes ☐ No
   - Substance abuse program: ☐ Yes ☐ No
   - Psychotropic medications: ☐ Yes ☐ No
   - Other:

4. Current level of care/intensity of treatment
   - ☐ Limited/none
   - ☐ Intensive residential/inpatient
   - ☐ Residential/inpatient
   - ☐ Outpatient medications and therapy
   - ☐ Outpatient therapy
   - ☐ Outpatient medications

5. Symptoms—Psychological Processes:
   - Content of thought: ☐ Within normal limits
     - ☐ Delusions (specify):
     - ☐ Obsessions
     - ☐ Perseverations
     - ☐ Preoccupations
     - ☐ Other:
   - Form of thought:
     - ☐ Well organized
     - ☐ Loose associations
     - ☐ Flight of ideas
     - ☐ Racing thoughts
     - ☐ Neologisms
     - ☐ Poverty of content of speech
     - ☐ Blocking
     - ☐ Perseverations
     - ☐ Other:
   - Perception:
     - ☐ Within normal limits
     - ☐ Hallucinations (specify):
   - Affect/Mood:
     - ☐ Within normal limits
     - ☐ Blunted
     - ☐ Flat
     - ☐ Labile
     - ☐ Driven
     - ☐ Anxious
     - ☐ Irritable
     - ☐ Angry
     - ☐ Hostile
     - ☐ Depressed
     - ☐ Withdrawn
     - ☐ Euphoric
     - ☐ Other:
   - Cognition:
     - ☐ Alert
     - ☐ Confused/Disoriented
     - ☐ Cognitive impairment
     - ☐ Other:
   - Speech:
     - ☐ Within normal limits
     - ☐ Impoverished
     - ☐ Latent
     - ☐ Loud
     - ☐ Pressured
     - ☐ Quiet
     - ☐ Rapid
     - ☐ Slowed
     - ☐ Slurred
     - ☐ Other:
   - Psychomotor:
     - ☐ Within normal limits
     - ☐ Agitated
     - ☐ Fidget
     - ☐ Gait
     - ☐ Slowed
## BEHAVORIAL HEALTH DISCHARGE SUMMARY

<table>
<thead>
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</tr>
</thead>
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- ☐ Tremor
- ☐ Unusual postures/behaviors
- ☐ Other:
  - Memory: ☐ Intact ☐ Short-term impaired ☐ Long-term impaired

### Comments (brief explanation):

6. Treatment Summary (describe treatment settings and what worked and did not work)

7. Currently Prescribed Psychotropic Medications

   Medication adherence (only one)
   - ☐ Involuntary
   - ☐ Adherent
   - ☐ Partially adherent
   - ☐ Refused

   Allergies or adverse drug reactions:

8. Relevant History

   Mental health history:

   Salient social and criminal history:

   Harm to self (check all that apply):
   - ☐ Suicide attempt(s)
   - ☐ Suicidal ideation
   - ☐ Self-harm behavior(s)

   Dangerous behavior (check all that apply):
   - ☐ Violence to others
   - ☐ Use of weapon
   - ☐ Property destruction
   - ☐ Sexual deviancy
   - ☐ Fire-setting

9. How long would serious symptoms persist without treatment?

   - ☐ < 90 days
   - ☐ 90 days
   - ☐ 180 days
   - ☐ 360 days

10. Behavioral Issues and Warning Signs (include behavioral patterns or signs that indicate concern)

11. Employability (describe how symptoms restrict capacity to work)

12. ORCS program

   - ☐ No
   - ☐ Yes

   If yes, has the Mental Health Advanced Directive information been provided per DOC 630.520?
   - ☐ No
   - ☐ Yes

13. Community supervision

   - ☐ No
   - ☐ Yes – Name of assigned CCO, if known:

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.
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Page 3 of 3