MENDOCINO COUNTY HEALTH AND HUMAN SERVICES AGENCY
BEHAVIORAL HEALTH AND RECOVERY SERVICES - MANAGED CARE PLAN

CLOSED SUMMARY

A. ORIENTATION SECTION

Date of Opening: Date of Closing

List any additional therapists involved in the case:

Referral Source:

Description of presenting problem and pertinent information relevant to the presenting problem:

B. COURSE OF TREATMENT

Treatment Focus/Course of Treatment:

Relationship to Therapist/Program:

Description of Movement/Changes:

How Treatment Terminated:

C. CONCLUSION

Condition at discharge and recommendations/provisions for follow-up or referral including medications:

D. DISCHARGE DIAGNOSIS:

AXIS I ______________________________  AXIS IV ______________________________

AXIS II ______________________________  AXIS V ______________________________

AXIS III ______________________________

Provider Signature: ______________________________  Date: ______________________________