

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

CLOSING 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: _____

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CLIENT'S NAME:

CHART #:

Confidential Patient Information: See California Welfare and Institutions Code Section 5328