Discharge Summary

The Discharge Summary is to be completed on the last date of service provided to the consumer. Place a copy in the consumer's home record and retain the original for your records.

Consumer Name: _____
Date of Service Started: _____
Date of Discharge: _____

Date Written Notice Given to Consumer: _____
Date Written Notice Given to Case Manager: _____
Reason for Termination of Services: _____

Type of Service Provided: _____RN _____LPN _____PCA

Summary of Care Provided (list care, treatments, interventions and/or referrals):

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Special Considerations:

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Who is assuming consumer's care:_____

Signature of Provider/Credentials/Date:

_____