



FLORIDA DEPARTMENT OF JUVENILE JUSTICE

MENTAL HEALTH/SUBSTANCE ABUSE TREATMENT DISCHARGE SUMMARY

Youth's Name _____

DOB _____ Sex _____ Race _____ JJIS No. _____

Facility Name _____ Circuit _____

1. Date Mental Health Treatment Started: _____ Date Mental Health Treatment Ended: _____
Date Substance Abuse Treatment Started: _____ Date Substance Abuse Treatment Ended: _____

2. Relevant Mental Health and/or Substance Abuse History:

3. Reason Mental Health and/or Substance Abuse Treatment Terminated:

4. Problems Which Were Focus of Mental Health and/or Substance Abuse Treatment:

5. Summary of Mental Health Treatment and/or Substance Abuse Treatment and Youth's Progress in Treatment:

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6. Beginning Diagnoses:	Axis I	
	Axis II	
	Axis III	
	Axis IV	
	Axis V	(GAF)

7. Ending Diagnoses:	Axis I	
	Axis II	
	Axis III	
	Axis IV	
	Axis V	(GAF)

8. Youth's Alert Status and Mental Status at discharge:

Suicide Risk Mental Health Substance Abuse Medical

9. Psychotropic Medications youth has been receiving and to be continued upon discharge from the facility/program:

10. Continuing Mental Health Treatment and/or Substance Abuse Treatment or Services Recommended Upon Transition/Discharge

11. Referred to the following mental health and/or substance abuse providers:
(List follow-up appointments, contact names and telephone numbers)

Mental Health/Substance Abuse
Clinical Staff Person's Signature/Date

Youth's Signature/Date

Licensed Mental Health Professional's
Signature/Date

Parent/Guardian Signature/Date

Treatment Team Member/Date

Treatment Team Member/Date

Treatment Team Member/Date

Treatment Team Member/Date