CAMHS Community Discharge Summary Form

The Parents/Carers and Young Person has agreed to have this document sent to GP and/or if relevant, Referring Agent/Adult Mental Health Service (AMHS)/Other Named Service **Further information can be provided if required, by contacting our service directly.**

To: General Practitioner	**To: Referring Agent / AMHS / Other Agency**
Name:	Name:
Address	Address

Child/Young Person's Details	
Name:	Address:
Gender:	
Date of Birth:	
Contact No:	
Nationality:	

Parent(s)/Guardian(s) Details	
Name:	Address:
Contact No.:	

Consultant Psychiatrist	
Name:	Contact Number:

CAMHS Key Worker	
Name(s):	Job Title(s):

Name: Date of Birth:

Brief Service Summary
Original Reason for referral to CAMHS:
Interventions competed by CAMHS:
Progress Achieved:
Medication Summary:
Additional Information:

Name: Date of Birth:

Diagnosis and Formulation:

Description of presentation, including diagnosis, onset, frequency, duration, features, consequences, precipitating and maintaining factors, and stressors:

Outcome

Functional impact, outcome measures etc:

Name: Date of Birth:

Discharge Information	
Discharge Plan discussed with young person and parent(s)/guardian(s):	Yes ☐ No ☐ If No Give Details
Notification of discharge/service transfer given to young person and parent(s)/guardian(s):	Yes ☐ No ☐ If No Give Details
Any other relevant information given to young person or parent(s)/guardian(s):	Yes ☐ No ☐ If No Give Details

Discharged to the care of:	

Treating Consultant Child and Adolescent Psychiatrist:		
Authorised by/ Approved by/Signed:		
Completed by		
Signature:		

Name: Date of Birth:

Discharge Summary Checklist	Yes	No	N/A
Closure completed on Chart	☐	☐	☐
Closure completed on system	☐	☐	☐
HONOSCA completed	☐	☐	☐
Young person and parent(s)/ Guardian advised to attend GP in 2 weeks for review	☐	☐	☐
Relapse and protective factors discussed with young person & parent(s)/ Guardian	☐	☐	☐
Medication Summary Provided	☐	☐	☐
Planned Case Closure recorded at weekly MDT meeting	☐	☐	☐
Signatures on Closing Discharge Summary Form and dates	☐	☐	☐
Copy of Closing Discharge Form forwarded to GP	☐	☐	☐
Copy of Closing Discharge Form forwarded to Referrer, if not GP	☐	☐	☐
Closed files to be filed in designated storage	☐	☐	☐
Closing Discharge Summary Form completed	☐	☐	☐

Additional Information: