



THE CARE GROUP

9220 Kirby Drive, Suite 1000  
Houston, TX 77054  
713) 383-2100 or 1 (800) 666-1851  
Fax: (713) 383-2114

## DISCHARGE SUMMARY

PT    OT    ST    PDN    SNV

Patient Name \_\_\_\_\_ MR # \_\_\_\_\_

Start of Care \_\_\_\_\_ Date of last service \_\_\_\_\_ Discharge Date \_\_\_\_\_

5-day discharge notice given?  Yes  No  N/A   Date of 5-day notice: \_\_\_\_\_

Notified of discharge:  Physician    PT    OT    ST

Physician Notified \_\_\_\_\_ Date Notified \_\_\_\_\_

Order received and included with d/c summary   OR    PCP notification only required /spoke with \_\_\_\_\_

Will patient continue to receive other services from The Care Group?  Yes    No   If yes,

circle services still provides: PT   OT   ST

Reason for Discharge:

Goals met    Failure to make progress    Admitted to hospital

Family failed to follow POC    Unable to contact    Patient expired

Patient relocated and referred to: \_\_\_\_\_

Family refused service secondary to:

Patient no longer has insurance and refused private pay

Other: \_\_\_\_\_

Unable to staff (parent given names of other agencies)

Requires order

Signature: \_\_\_\_\_

Date: \_\_\_\_\_