

DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES
Therapeutic Services

DISCHARGE SUMMARY FOR THERAPEUTIC SERVICES

FUNCTIONAL PROTOCOL

Person Supported: _____ **Address:** _____ **ISP Effective Date:** _____
ISC/ Agency: _____ **Agency Provider:** _____ **PCP:** _____

Clinicians must notify the individual, conservator, and the ISC of plans to discharge in advance. If the individual will continue to need services, the provider is responsible for giving sixty (60) days' notice, and for assuring another service provider is available prior to discharging the individual.

Service Provided:

___ Nutrition ___ Occupational Therapy ___ Physical Therapy ___ Speech Language Therapy ___ Orientation and Mobility ___ Other _____

Effective date of discharge: _____

Reason for discharge:

- Discharged due to achieving goals
- Discharged at request of person supported, family, conservator, circle of support
- Expired
- Transferred to another provider
- Other _____

Analysis of the services provided and their benefit to the person using services:

Summarize services provided, how they impacted the person's function related to outcomes and the status of the person.

Status at the time of discharge:

If there are staff instructions, indicate if they will remain in place upon discharge.

Relevant indicators for re-referral (as applicable):

Provide possible indicators for initiating new referral for assessment and/or services.

Service Provider's Signature/Credentials: _____ **Date:** _____
Printed Name
Signature