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Chiropractic Office Name

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7 Lines - 30 Characters Max

## DISCHARGE SUMMARY

Patient's Name \_\_\_\_\_ Patient #: \_\_\_\_\_

Initiation of Treatment Date, this episode(DD/MM/YY) \_\_\_\_\_ Discharge Date (DD/MM/YY) \_\_\_\_\_

### FUNCTIONAL GOALS MET:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON:  Functional goals achieved secondary to prescribed treatment.  Other \_\_\_\_\_

### FUNCTIONAL GOALS NOT MET:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### REASON:

Problem severity: \_\_\_\_\_

Complicating factors: \_\_\_\_\_

Patient did not follow care plan or was non-compliant.

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

### FINAL STATUS:

Patient has not achieved maximum functional benefit from treatment and the following functional deficit remains:  
\_\_\_\_\_  
\_\_\_\_\_

Patient is discharged from the current, active treatment program.

Patient to return as needed.  Patient referred to: \_\_\_\_\_

Patient discharged to supportive care.

Patient discharged to wellness care.

Recommended schedule: \_\_\_\_\_

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Date

DISCHARGE SUMMARY