inical Management for Behavioral Health Services ischarge Summary		DSM06
Provider and Client Details Provider and Primary Counselor Details	Client Details	
Provider Name	Client Name	
Provider Location	Client Birth Date	
Provider Address		
Provider Phone		
Primary Counselor First Name		
Primary Counselor Middle Name		
Primary Counselor Last Name		
Primary Counselor Phone	Discharge Summary Date	
Primary Counselor Email	Discharge Curimary Date	l.
Summary		

Document Status