



Discharge Summary

Date _____

To the Attention of

Dr _____ Fax _____

Patient Information

Last Name _____ First Name _____
DoB (mm/dd/yyyy) _____
Initial Appt _____ Final Appt _____

Assessment and Consult Notes

[Large empty box for notes]

Counselor _____ Email _____

If you have questions, please contact us:

 info@telecbt.ca

 www.telecbt.ca