Treatment Summary

Patient information	
Patient name:	
Date of birth:	Age:
Gender:	Contact information:
Emergency contact	
Name:	
Relationship:	
Contact information:	
Diagnosis	
List primary and secondary diagnoses, presenting problems, and relevant medical history.	
Primary diagnosis:	
Secondary diagnosis (if applicable):	
Presenting problems:	
Relevant medical history:	
Treatment plan and interventions	
Outline specific treatment goals, interventions (e.g., medication, therapy, lifestyle changes), and expected duration.	
Treatment goals:	

Interventions:

Progress tracking

Document objective measures (vital signs, lab results, behavioral observations) and subjective reports (patient self-reports, caregiver input).

Objective measures:

Subjective reports:

Outcomes

Note improvements (symptom relief, functional gains) and challenges (unresolved symptoms, adverse effects, compliance issues).

Improvements:

Challenges:
Next steps
Describe adjustments to treatment plan, including medication changes, therapy modifications, and specialist referrals.
Provider comments
Include additional observations, recommendations, client support system, treatment history, assessment results, and discharge summary if applicable.
Follow-up plan
Specify next appointment date, frequency of follow-ups, and contact information for urgent concerns.
Outline the plan for the next visit or any actions to be taken before the next caregiver visit.
Signature
Healthcare provider name:
Healthcare provider signature:
License number:
Date: