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BLUEPRINT / VCR DISCHARGE SUMMARY

Patient: _____ **DOB:** _____ **Date:** _____

First DOS: _____ **Last DOS:** _____ **# of sessions:** _____

Presenting Problem: _____

Primary Diagnosis: _____

Modalities : _____

Any notes about modalities that either were not a good fit or may be helpful for future referrals:

Progress and presentation at discharge: _____

Plan at discharge:

Pt has established care with this clinician at a VCR office

Pt has started with another provider: _____

Referred to other mental health providers and is on the waitlist:

Pt has stabilized or reports making sufficient gains with short-term therapy and feels they can use skills learned

Pt has declined referrals at this time, but has a list of referral options

Any safety needs, risk or planning ? (include crisis resource provided and attach safety plan if applicable) _____

Other Notes about care plan or next steps : _____

 Clinician Name, Degree, Licensure Date

Clinician will review care plan in Supervision:

Supervisor: Name, Degree, Licensure