After-Visit Summary Cheat Sheet

Reviewed by the BastionGPT Clinical Advisory Board · July 2026

An after-visit summary (AVS), also called a clinical summary or patient instructions, is the plain-language handout a client takes home: what happened, what it means, what to do next, and who to call. No US, Canadian, or Australian law requires one in outpatient therapy; the CMS field list is retired incentive policy. Ordinary PHI, never a protected psychotherapy note; most run 150 to 400 words.

Visit identification and contact details who, when, and how to reach you
Do: client name, visit date and modality, clinician, practice phone, and portal; CMS's own field list opened with contact details.
Pitfall: instructions with no phone or portal path; a summary the client cannot act on is decoration.

What we covered, in plain language the three moves
Do: here is what is going on, what it means, what to do next (the ONC guide's framing), written for a bad day's reading level.
Pitfall: pasting progress-note sentences; a handout that reads like a chart entry fails its only audience.

Diagnosis and problem list, when appropriate a clinical decision, not a rule
Do: include it when it serves the client; many want the name in writing for their own reading or paperwork.
Pitfall: treating it as mandatory; the Stage 2 spec allowed withholding where disclosure could cause substantial harm.

Medications and today's changes the part clients misremember
Do: current list with doses, changes clearly marked, and the prescriber named, especially for meds managed elsewhere.
Pitfall: the stale list; recall ran about 53 percent in the JABFM trial, and a wrong list actively misleads.

Your plan between sessions what makes it worth the paper
Do: name the skill or homework, how often, and in what situation; match it to the tracking tool the client already uses.
Pitfall: "practice coping skills" tells the client nothing; vague homework produces vague weeks.

Follow-up and referrals owners and paths
Do: next appointment with date and modality, pending referrals or tests, and exactly how to reschedule or ask a question.
Pitfall: "call to schedule" with no number quietly becomes no follow-up at all.

Crisis and after-hours contacts works on the worst night
Do: after-hours line, crisis line, and when to use the emergency number, stated plainly even in routine care.
Pitfall: skipping it because today was unremarkable; this is often the only paper the client keeps between sessions.

Before it goes out

- [ ] Plain language a client can use on a bad day
- [ ] Contact path present: phone, portal, after-hours line
- [ ] Medication list current, changes marked, prescriber named
- [ ] Homework specific: the skill, how often, when
- [ ] Next appointment and referrals have owners and paths
- [ ] Crisis contacts included even for routine visits

Drafting with AI

Bring the finished note or your session bullets; the summary is a plain-language derivative, and the clinical reasoning stays in the note.

> *"Draft an after-visit summary from this session note: weekly CBT for panic disorder, breathing practice twice daily, exposure log three days, next visit 07/28 by video: …"*

Never paste patient-identifying information into consumer AI tools. BastionGPT is HIPAA-compliant with a signed BAA on every plan.

150 to 400 words	5 to 10 min by hand	At or after each visit	Clients · families
about half a page	clinical team estimate	print or portal delivery	who reads it

Full guide, sample summary, and compliance notes:
bastiongpt.com/template/after-visit-summary

After-Visit Summary Template

Copy or print for your practice · Adapt fields to your organization's, payer's and jurisdiction's documentation requirements.

Client name: | Visit date: | Visit type (office / video / phone):

Clinician: | Practice phone: | Portal:

Reason for today's visit

In the client's words where possible

What we covered today

What's going on · what it means · what to do next, in plain language

Diagnosis / problem list

Include when clinically appropriate; nothing requires it on the client copy

Medications

Current list · changes today marked · who prescribes each

Your plan between sessions

Skill or homework · how often · when

Follow-up

Next appointment · referrals or tests pending · how to reschedule or ask a question

If you need help before your next visit

After-hours line

Crisis support: call or text 988 (US) or your local crisis line · Emergency: 911 or your local emergency number

Resources shared today:

Client note: no signature is needed on this summary. It is written for you and is not your full medical record; ask the practice for a copy of your records at any time.