Return-to-Primary-Care Summary Cheat Sheet

Reviewed by the BastionGPT Clinical Advisory Board · July 2026

A return-to-primary-care summary is the closing letter that hands a stabilized behavioral health patient back to their primary care clinician: diagnoses, treatment and response, closing measures, who prescribes from today, the relapse prevention plan, and re-referral triggers. Mandatory in Australia inside the MBS item descriptor; professional convention in the US and Canada.

Header and referral context close the loop you opened

Do: name the receiving PCP or GP, the episode dates, the referral source and date, and the original referral question.
Pitfall: a letter that never names the referrer or the question leaves the loop open; in Australia, keep the referral itself for 24 months.

Reason for episode and diagnoses what changed

Do: give the diagnosis at referral and at handback: resolved, in remission, revised, or unchanged with a reason.
Pitfall: restating the intake diagnosis untouched tells the PCP nothing about the episode.

Treatment delivered and response what happened, what worked

Do: record modality, session count, date range, and the response to treatment.
Pitfall: sixteen sessions of CBT is logistics; the response line carries the clinical content.

Current status and measures numbers, not adjectives

Do: give scores at entry and at handback with dates (PHQ-9, GAD-7, or the episode's measure) plus one functional line.
Pitfall: "much improved" gives the next screening in primary care nothing to compare against.

Medications and prescribing the most dangerous gap

Do: list current medications and doses, episode changes, who prescribes from today, and any bridge supply.
Pitfall: the last refill runs out while each side assumes the other prescribes; the patient stops cold.

Relapse prevention plan the patient's, not a handout

Do: capture early warning signs in the patient's words, what helped, first steps, and confirm the patient holds a copy.
Pitfall: a stapled generic handout the patient has never seen fails at its only job.

Re-referral triggers and follow-up thresholds the PCP can act on

Do: set score cutoffs, safety conditions, medication events, the route back, and a suggested follow-up interval.
Pitfall: "return as needed" sends the re-referral to the general queue six months later.

Before you sign

- [ ] Referrer named and the original question answered
- [ ] Entry and exit measures dated, functional line included
- [ ] One line names who prescribes from today
- [ ] Relapse plan built with the patient, copy in hand
- [ ] Re-referral thresholds concrete, route back named
- [ ] Send logged with confirmation, follow-up tasked

Drafting with AI

Bring the closing note, the measure scores, and the question the referrer asked, however they exist.

"Draft a return-to-primary-care letter from this closing note: question answered, PHQ-9 16 to 4, sertraline stays with the PCP, triggers at 15 or two screens of 10 to 14: …"

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

300 to 600 words	10 to 20 min by hand	Once per episode	PCP · payers · auditors
one page, letter format	clinical team estimate	at step-down to primary care	who reads it

Full guide, sample letter, and compliance notes:
bastiongpt.com/template/return-to-primary-care-summary

Return-to-Primary-Care Summary Template

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

Date: | From (clinician): | To (PCP / GP):

Patient (initials): | DOB: | Episode (start to end):

Referral source / date: | Original referral question:

Reason for episode and diagnoses

At referral · at handback: resolved, remission, revised, or unchanged with a reason

Treatment delivered and response

Modality and focus · sessions and date range · completed or not · response

Current status and measures

Scores at entry and at handback with dates (PHQ-9, GAD-7, other) · functional status

Medications and prescribing

Current list and doses · changes during the episode · who prescribes from today · bridge supply

Relapse prevention plan

Early warning signs in the patient's words · what helped · first steps if signs return · patient holds a copy

Re-referral triggers and follow-up

Thresholds to return: score cutoffs, safety conditions, medication events · route back · suggested interval

Clinician signature / credentials: | Date signed: