

DISCHARGE SUMMARY

Client Name		Client ID Number	
Admission Date		Discharge Date	

Treatment Summary

Write in narrative form; include current alcohol and other drug use, living situation, legal status/criminal activity, vocational/educational achievements:

Health & Medical

Medications at Discharge: YES (if yes, list name(s) and dosage(s) below) NO Unknown

Did client provide documentation of a physical exam completed within the past 12 months? YES NO

Notified client's primary care physician of discharge? YES NO

Employment & Income

Is client employed, in a structured employment preparation program, enrolled in a formal education setting, or enrolled in an eligibility program (another source of income such as Supplemental Security Income (SSI)) at the end of the treatment phase? YES NO Unknown

If yes, please explain:

Care Coordination

List other service providers working with the client at discharge: N/A

Did client meet medical necessity for another level of care at the end of treatment phase? YES NO N/A

If yes, was client provided a warm hand-off to another level of care? YES NO

(If yes, please explain in Discharge Recommendations/Referrals section below)

Was client referred and provided Recovery Services at the end of the treatment phase? YES NO

Discharge Recommendations/Referrals (include ASAM Level of Care if referred to another SUD Provider): N/A

Discharge

Prognosis: Good Fair Poor

Explain:

Reason for Discharge (check appropriate box):

- Completed Treatment/Recovery Plan Goals/Referred/Standard
- Completed Treatment/Recovery Plan Goals/Not Referred/Standard
- Left Before Completion w/ Satisfactory Progress/Standard
- Left Before Completion w/ Satisfactory Progress/Administrative
- Left Before Completion w/Unsatisfactory Progress/Standard
- Left Before Completion w/Unsatisfactory Progress/Administrative
- Death
- Incarceration

If discharge was involuntary, was client advised of the Grievance and Appeal Process and applicable Notice of Adverse Benefit Determination given? YES NO

Client comments if applicable:

Counselor or LPHA Printed Name	Counselor or LPHA Signature	Date