

Discharge Summary

Client Present: Yes No
CLIENT NAME _____

Admit Date: _____

Discharge Date: _____

Reason for Discharge:

Completed Treatment Successful	Dropped Out	Left against Staff Advice
Disciplinary/Rule Violation	Health Complications	Incarcerated
Needs More Intensive Level of Care	Failure to Progress	Death of Client

Prognosis: Good Fair Poor

Treatment Summary

Treatment Plan Goals

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Treatment Plan Goals Met

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Current Drug Usage: _____

Current Criminal Involvement: _____

Discharge Summary

Person/Agency Notified

(Name, Title, Telephone #, Date Notified)

Admission Diagnostic Impressions

Discharge Diagnostic Impressions

AXIS I:	AXIS I:
AXIS II:	AXIS II:
AXIS III:	AXIS III:
AXIS IV:	AXIS IV:
AXIS V, GAF SCORE:	AXIS V, GAF SCORE:

Transitional Plan and Counselor Recommendations

- 1.
- 2.
- 3.
- 4.

Recommendation should Client Return:

Client's Comment(s) upon Discharge: _____

_____/_____/_____
Client's Signature **Date**

_____/_____/_____
Discharge Counselor **Date** **Supervisor Signature** **Date**