

_____ 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

Treatment Plan Goals Met

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

Current Drug Usage: _____

Current Criminal Involvement : _____

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 :

Transition al Plan and Counselor Recommendation s

Recommendation should Client Return: _____

1. _____
2. _____
3. _____
4. _____

Client's Comment(s) upon Discharge: _____

_____ / ____ / ____

Client's Signature Date

_____ / ____ / ____

Discharge Counselor Date Supervisor Signature Date