

**DISCHARGE SUMMARY**

<b>Client Name</b>		<b>Client ID Number</b>	
<b>Admission Date</b>		<b>Discharge Date</b>	

**Treatment Summary**

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

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**Health & Medical**

Medications at Discharge:  YES (if yes, list names, dosage, and supply given/prescribed (# of days))  NO  Unknown

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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  N/A

If yes, please explain:

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**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  N/A

Client comments if applicable:

**Counselor or LPHA Printed Name**

**Counselor or LPHA Signature**

**Date**