

\*Complete discharge summary or closing note within 30 days from last date of service. Closing note/discharge summary should be completed even if client terminated prematurely.

Client Name: Last, First		Date of Intake: 7/17/20
Discharge Diagnosis: F 33.0 MDD, Recurrent, Mild		Date of Discharge: 1/20/21
<b>Course of Treatment</b>		
Referral Source/Reason for admission:	Client reported increase in depressive symptoms, suicidal ideation, and increased alcohol use	
Outcome (treatment objectives met?) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Client did not return	Client met his therapeutic goals, reported decrease in depressive symptoms and no suicidal ideation. Connected to AA and has sponsor	
Significant diagnostic changes during treatment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Medication Information</b>		
Medications at Discharge:	N/A	
Medication Adherence: <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> Unknown		
<b>Discharge Plans</b>		
Recommendations/Referrals ( <i>safety plan, follow-up activities</i> ):	Client to continue with AA. Agrees to maintain safety plan and return to therapy as needed. Client provided with Access and Crisis Line	
If client was transferred to another program/provider, attempts were made to coordinate care, please describe:		
<b>Provider Information</b>		
Provider Signature & Credentials ( <i>if signature illegible, include printed name</i> ): <i>Caring Provider, LCSW</i>	Date of Signature: 1/20/21	

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