

\*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:		Date of Intake:
Discharge Diagnosis:		Date of Discharge:
<b>Course of Treatment</b>		
Referral Source/Reason for admission:		
Outcome (treatment objectives met?) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Client did not return		
Significant diagnostic changes during treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Medication Information</b>		
Medications at Discharge:		
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> ):		
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> ):	Date of Signature:	