DISCHARGE SUMMARY

Client Name		Client ID Number		
Admission Date		Discharge Date		
Treatment Summary Please complete in narrative form. The summary should include: 1) a summary of services the client received during treatment, 2) current living situation (i.e. homeless, sober living, with parents), 3) current alcohol or other drug use, 4) legal status/history of criminal justice system involvement, 5) diagnostic changes during treatment, 6) vocational/educational achievements, and 7) progress towards Treatment Plan goals.				
Madianian Bindana T	Health & Medical	and a second function	L	
Medications at Discharge:	YES (if yes, list names, dosage, and supply give	en/prescribed (# of c	aays)) 🗆 NO 🗀 Unknown	
Did client provide document Notified client's primary care	ation of a physical exam completed within the physician of discharge?		YES □ NO YES □ NO	
Employment & Income				
	tured employment preparation program, enro er source of income such as Supplemental Sec [urity Income (SSI)) at	_	

	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 oftreatment phase? If yes, was client provided a warm hand-off to another level of care?			O □ N/A
(If yes, please explain in Discharge Recommer	dations/Referrals section belo	ow)	
Was client referred and provided Recovery Services a	the end of the treatment pha	se? ☐ YES ☐ N	0
Discharge Recommendations/Referrals (include ASAN	l Level of Care if referred to an	nother SUD Provider):	□ N/A
	Discharge		
Prognosis: □ Good □ Fair □ Poor Explain:			
Reason for Discharge (check appropriate box): Completed Treatment/Recovery Plan Goals/Referred/St Completed Treatment/Recovery Plan Goals/Not Referred Left Before Completion w/ Satisfactory Progress/Standa Left Before Completion w/ Satisfactory Progress/Admin	d/Standard	npletion w/Unsatisfactory mpletion w/Unsatisfacto nistrative	=
If discharge was involuntary, was client advised of the Benefit Determination given?	Grievance and Appeal Proces	s and applicable Notic ☐ YES ☐ N	
If yes, which NOABD was issued?			
Date NOABD was issued (if applicable):			
Client comments if applicable:			
Counselor or LPHA Printed Name	Counselor or LPHA	Signature	Date