Discharge Summary Instructions

REQUIRED FORM:
This form is a required document in client file

WHEN:
Completed within 30 days of the date of the provider’s last face-to-face or telephone treatment contact with the client

COMPLETED BY:
An SUD Counselor or LPHA at the program

REQUIRED ELEMENTS:
- **Client Name:** Complete client’s full name.
- **ID #:** Complete the client’s unique client number (UCN) as designated for the client in SanWITS.
- **Admission Date:** Complete client’s date of admission to program.
- **Discharge Date: (Date of Last Contact):** This is the date of the client’s last treatment contact (face-to-face or telephone) and his/her SanWITS discharge date.
- **Treatment Summary:** Summarize client’s presenting problems, treatment provided, and outcome. Must include current alcohol/drug use, legal status/criminal activity, vocational/educational achievements, living situation, and referrals. If a component is not applicable, list and state “not applicable”.
- **Health & Medical**
  - Medications at Discharge: If YES, list name(s) and dosage(s)
  - Did client provide documentation of a physical exam completed within the past 12 months?
  - Notified client’s primary care physician of discharge?
- **Employment & Income**
  - Read prompt, If YES, provide explanation
- **Care Coordination**
  - List other service providers working with the client at discharge, if applicable.
  - Did the client meet medical necessity for another level of care at the end of treatment phase?
    - If YES, was client provided a warm hand-off to another level of care?
      - If YES, please explain in Discharge Recommendations/Referrals section below
  - Discharge Recommendations/Referrals (include ASAM Level of Care if referred to another SUD provider)
- **Discharge**
  - **Prognosis:** Mark the appropriate box for client’s prognosis (good, fair, poor) and explain.
  - **Reasons for Discharge:** Mark the appropriate box for client’s reason for discharge. This must match the client’s SanWITS reason for discharge.
  - **If discharge was involuntary:** Mark the appropriate yes/no, or not applicable box if client was advised of their Title 22 Fair Hearing Rights.
- **Client Comments:** Use this space to document any client comments at discharge. If completing for a client with whom the program lost contact, note that here.
- **Counselor Signature:** Counselor completing the discharge summary must sign and date.