### 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

<table>
<thead>
<tr>
<th>Medications at Discharge:</th>
<th>□ YES (if yes, list name(s) and dosage(s) below)</th>
<th>□ NO</th>
<th>□ Unknown</th>
</tr>
</thead>
</table>

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
If yes, please explain:

__________________________________________________________________________________________________________________________________________________________________
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### Care Coordination

List other service providers working with the client at discharge:  □ N/A

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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

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### Discharge

Prognosis:  □ Good  □ Fair  □ Poor

Explain: ____________________________________________________________

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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

Client comments if applicable:

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<table>
<thead>
<tr>
<th>Counselor or LPHA Printed Name</th>
<th>Counselor or LPHA Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>BHS/SUD, F701</td>
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</tbody>
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