

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.

Health & Medical

Medications at Discharge: ☐ YES (if yes, list names, dosage, and supply given/prescribed (# of days)) ☐ NO ☐ Unknown

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 ☐ N/A

If yes, please explain:

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 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

Discharge

Prognosis: ☐ Good ☐ Fair ☐ Poor

Explain:

Reason for Discharge (check appropriate box):

- | | |
|---|--|
| <input type="checkbox"/> Completed Treatment/Recovery Plan Goals/Referred/Standard | <input type="checkbox"/> Left Before Completion w/Unsatisfactory Progress/Standard |
| <input type="checkbox"/> Completed Treatment/Recovery Plan Goals/Not Referred/Standard | <input type="checkbox"/> Left Before Completion w/Unsatisfactory Progress/Administrative |
| <input type="checkbox"/> Left Before Completion w/ Satisfactory Progress/Standard | <input type="checkbox"/> Death |
| <input type="checkbox"/> Left Before Completion w/ Satisfactory Progress/Administrative | <input type="checkbox"/> Incarceration |

If discharge was involuntary, was client advised of the Grievance and Appeal Process and applicable Notice of Adverse Benefit Determination given? ☐ YES ☐ NO ☐ N/A

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