

Discharge Summary

*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: Last, First	Date of Intake: 7/17/20
Discharge Diagnosis: F33.0 MDD, Recurrent, Mild	Date of Discharge: 1/20/2021
Course of Treatment	
Referral Source/Reason for admission:	Client reported increase in depressive symptoms, suicidal ideation, increased alcohol use
Outcome (Treatment plan objectives met?) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> Client did not return	Client met his therapeutic goals, reported decrease in depressive symptoms, no suicidal ideation. Connected to AA and has sponsor.
Significant diagnostic changes during treatment? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Medication Information	
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	N/A
Discharge Plans	
Recommendations/Referrals (safety plan, follow-up activities):	Client to continue with AA. Agrees to maintain safety plan and return to therapy as needed. Provided Access and Crisis line
If client was transferred to another program/provider, attempts were made to coordinate care. please describe:	N/A
Provider Signature & Credentials (if signature illegible, include printed name): <i>Caring Provider, LCSW</i>	
Date of Signature: 1/20/21	