

Discharge Summary

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 treatment contact with the client

COMPLETED BY:

Authorized agency representative

REQUIRED ELEMENTS:

- **Client Name:** Complete client's full name.
- **ID #:** Complete the client's ID number as determined by agency guidelines.
- **Admission Date:** Complete client's date of admission to program.
- **Date of Last Contact:** This is the date of the client's last treatment visit and his/her SanWITS discharge date.
- **Date Discharge Summary Completed:** This is the date the authorized agency representative completed the discharge summary. Must be within 30 days of last face-to-face treatment contact with client.
- **Narrative (1):** 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".
- **Prognosis (2):** Mark the appropriate box for client's prognosis (good, fair, poor) and explain.
- **Discharge Plan (3):** Summarize the client's discharge plan including recommendations, transfers, and referrals.
- **Reasons for Discharge (4):** Mark the appropriate box for client's reason for discharge. This must match the client's SanWITS reason for discharge.
- **Involuntary Discharge:** 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.
- **Client Signature:** Client must sign and date the discharge summary. If client is not available for signature, the "not available" box must be marked.