

# DISCHARGE SUMMARY

**CLIENT NAME:** \_\_\_\_\_ **ID#:** \_\_\_\_\_

- A. Admission Date: \_\_\_\_\_
- B. Date of last contact (*last treatment visit & SanWITS discharge date*): \_\_\_\_\_
- C. Date discharge summary completed (signed by counselor): \_\_\_\_\_  
*(Must be within 30 days of last face-to-face treatment contact with client)*

1. NARRATIVE SUMMARY OF TREATMENT EPISODE (*Summarize Presenting Problems, treatment provided and outcome*).  
*The summary MUST include:*

Current Alcohol/Drug Use	Legal Status/Criminal Activity	Vocational/Educational Achievements	Living Situation	Referrals
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*All 5 components must be addressed, or D/C is Deficient. If a component is Not Applicable, list it and state "not applicable"*

2. PROGNOSIS: Good  Fair  Poor  Explain:

3. DISCHARGE PLAN (including recommendations, transfers and referrals):

4. REASONS FOR DISCHARGE (*check appropriate discharge status*):
- 1.  Completed Treatment/Recovery Plan Goals/Referred/Standard
  - 2.  Completed Treatment/Recovery Plan Goals/Not Referred/Standard
  - 3.  Left Before Completion w/Satisfactory Progress/Standard
  - 4.  Left Before Completion w/Satisfactory Progress/Administrative
  - 5.  Left Before Completion w/Unsatisfactory Progress/Standard
  - 6.  Left Before Completion w/Unsatisfactory Progress/Administrative
  - 7.  Death
  - 8.  Incarceration

If discharge was involuntary, was client advised of their Title 22 Fair Hearing Rights?

Check one: Yes  No  Not applicable  (Title 22, CCR, Section 51341.1 [p])

**Client comments:**  
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\_\_\_\_\_

\_\_\_\_\_  
Counselor Signature                      Date                      Client Signature     Not available                      Date