|  |
| --- |
| **Discharge Summary** |
| Client: |   |   |   |
|  | InSyst # | Last Name | First Name |
| Location: |   | Episode Opening Date: |   |
| Agency: |   | RU: |   |
| Services were provided in:  |   | by [ ]  interpreter or [ ]  clinician |
|  |  |  |
| **Discharge Summary – Administrative (non-billable)** |
| The provider shall complete a Discharge Summary within 30 calendar days of the last face to face treatment contact for any beneficiary with whom the provider lost contact. |
| Episode Opening Date: |   | Episode Closing Date: |   | Date of Last Face-To-Face: |   |
| **Discharge Summary Codes - Administrative - Table B** |
| **Percent (%) of Tx Plan Goals Achieved** | **Discharge Status Code** |
| [ ]  75 - 50% | 4. Left Before Completion with Satisfactory Progress - Not Referred |
| [ ]  < 50% | 6. Left Before Completion with Unsatisfactory Progress - Not Referred |
| [ ]  Death | 7. Death |
| [ ]  Incarceration | 8. Incarceration |
| Was the client pregnant during treatment? [ ]  Yes [ ]  No [ ]  Unknown |
| Primary Problem:  |
| **Instructions:** The counselor/therapist Narrative Summary of the Treatment Episode includes presenting problem, treatment provided and final outcome. The narrative summary must include a reference to the following applicable areas: Current Drug Usage; Legal Issues and/or Criminal Activity; Vocational/Educational Achievements; Living Situation and Referrals. |
| **Counselor/LPHA Narrative Summary of Progress, Treatment, and Reason for Discharge:** |
|   |
| Prognosis (select one): [ ]  Excellent [ ]  Good [ ]  Fair [ ]  Poor [ ]  Guarded [ ]  Unstable |
| **Prognosis (Describe rationale for prognosis and further treatment recommendations):**   |
| LPHA/Counselor efforts to contact the beneficiary (required):  |

|  |  |  |
| --- | --- | --- |
|  |   |  |
| SUD Counselor/LPHA Signature | Printed Name/Credentials | Date |