

DISCHARGE SUMMARY

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.

Client Name:	Client ID#:	Discharge Date:	Admit Date:	Date of Last Face to Face:
Prognosis - Circle One:				
Excellent	Good	Fair	Poor	Guarded Unstable
Discharge Status and Reason for Discharge – Check Appropriate Box(s)				
N/A Successful	1.Treatment Plans/Goals Reached and Discharged with a Planned Exit			
<input type="checkbox"/> Satisfactory	2.Left with Satisfactory Progress & plans/goals partially met but without a Planned exit			
<input type="checkbox"/> Unsatisfactory	3.Discharged with poor progress in complying, poor achievement of treatment plans/goals.			
<input type="checkbox"/> Transferred	4.Transferred or referred to another program, moved, other level of SUD/MH care, i.e., medical needs.			
<input type="checkbox"/> Terminated	5.Termination of services due to repeated non-compliance (i.e., violations, threats of violence, under the influence on program premises)			
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/Therapist Summary of the Treatment Episode and Reason for Discharge:				
**Print Counselor/Therapist Name		**Signature		**Date

The therapist/counselor must document efforts made to contact the person.

****COMPLETE SIGNATURE REQUIRES LEGIBLY PRINTED NAME, SIGNATURE & DATE.**

CCR Section 51341.1 (h) (6) (B) of Title 22 Discharge of a beneficiary from treatment may occur on a voluntary or involuntary basis.