**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.

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| --- | --- |
| Client Name: | Client ID#: |
| Admit Date | Discharge 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. Use discharge plan form.
 |
| □ Satisfactory | 1. Left with Satisfactory Progress & plans/goals partially met but without a Planned exit
 |
| □ Unsatisfactory | 1. Discharged with poor progress in complying, poor achievement of treatment plans/goals.
 |
| □ Transferred | 1. Transferred or referred to another program, moved, other level of SUD/MH care, i.e., medical needs.
 |
| □ Terminated | 1. 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 Summaryof 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. The therapist/counselor must document efforts made to contact the person. |
| **Counselor/Therapist Summary of the Treatment Episode and Reason for Discharge:** |
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| **\*\*Print Counselor/Therapist Name** | **\*\*Signature** | **\*\*Date** |

\*\*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.