

## Discharge Summary

\*Complete discharge summary or closing note within 30 days from last date of service. Closing note/discharge summary should be completed even if client terminated prematurely.

<b>Client Name:</b>	<b>Date of Intake:</b>
<b>Discharge Diagnosis:</b>	<b>Date of Discharge:</b>
<b>Course of Treatment</b>	
Referral Source/Reason for admission:	
Outcome (Treatment plan objectives met?)  <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> Client did not return	
Significant diagnostic changes during treatment?  <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Medication Information</b>	
Medications at Discharge:  Medication Adherence:  <input type="checkbox"/> Always <input type="checkbox"/> Sometimes  <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> Unknown	
<b>Discharge Plans</b>	
Recommendations/Referrals ( <i>safety plan, follow-up activities</i> ):	
If client was transferred to another program/provider, attempts were made to coordinate care. please describe:	
<b>Provider Signature &amp; Credentials</b> ( <i>if signature illegible, include printed name</i> ):	<b>Date of Signature:</b>