

Discharge Summary Instructions

REQUIRED FORM:

This form is a required document in client file

WHEN:

Completed within 30 days of the date of the provider's last face-to-face treatment contact with the client

COMPLETED BY:

Authorized agency representative

REQUIRED ELEMENTS:

- **Client Name:** Complete client's full name.
- **ID #:** Complete the client's ID number as determined by agency guidelines.
- **Admission Date:** Complete client's date of admission to program.
- **Discharge Date: (Date of Last Contact):** This is the date of the client's last treatment visit and his/her SanWITS discharge date.
- **Treatment Summary:** Summarize client's presenting problems, treatment provided, and outcome. Must include current alcohol/drug use, legal status/criminal activity, vocational/educational achievements, living situation, and referrals. If a component is not applicable, list and state "not applicable".

- **Health & Medical**
Medications at Discharge: If YES, list name(s) and dosage(s)
Did client provide documentation of a physical exam completed within the past 12 months?
Notified client's primary care physician of discharge?

- **Employment & Income**
Read prompt, If YES, provide explanation

- **Care Coordination**
List other service providers working with the client at discharge, if applicable.
Did the client meet medical necessity for another level of care at the end of treatment phase?
If YES, was client provided a warm hand-off to another level of care?
If YES, please explain in Discharge Recommendations/Referrals section below
Discharge Recommendations/Referrals (include ASAM Level of Care if referred to another SUD provider)

- **Discharge**
Prognosis: Mark the appropriate box for client's prognosis (good, fair, poor) and explain.
Reasons for Discharge: Mark the appropriate box for client's reason for discharge. This must match the client's SanWITS reason for discharge.
If discharge was involuntary: Mark the appropriate yes/no, box if client was advised of the Grievance and Appeal Process and Notice of Adverse Benefit Determination was given.
- **Client Comments:** Use this space to document any client comments at discharge. If completing for a client with whom the program lost contact, note that here.
- **Counselor Signature:** Counselor completing the discharge summary must sign and date.