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