

Discharge Summary

Reason for termination (was patient in agreement with termination at this time):

If patient did not return for scheduled appointment, were attempt(s) made to contact and reschedule?:

Patient condition at termination (were treatment goals reached):

Discharge medications: _____

Final DSM diagnosis: _____

Referral options given (if treatment goals not met, appropriate referrals must be made):

- 1) _____
2) _____

Patient's feelings of treatment goals being met/not met:

Treatment record documents preventive services as appropriate (for example):

- | | |
|--|---------------------------|
| _____ Relapse Prevention | _____ Legal Aid |
| _____ Stress Management | _____ Financial Aid |
| _____ Wellness Programs | _____ Pastoral Care |
| _____ Lifestyle Changes | _____ Medical Assessment |
| _____ Referrals to Community Resources | _____ Other (list): _____ |

If patient became homicidal, suicidal, or unable to conduct activities of daily living during course of treatment, was patient referred to appropriate level of care? (Explain): _____

Clinician Signature: _____ **Date:** _____