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: _______________