Discharge Summary and Continuing Care Plan

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| --- | --- |
| **Client Name:** Click or tap here to enter text. | **DOB:** Click or tap here to enter text. |
| **Date of Admit:** Click or tap here to enter text. | **Date of Discharge:** Click or tap here to enter text. |

**Reason for Discharge:** Treatment Completed

Lost Contact with client or unknown reasons

Client Moved

Client declined additional treatment

Terminated by provider/agency or Administrative Discharge

Client incarcerated

Death, Suicide Yes No

Client seen for assessment only

Transferred to another provider/agency: Click or tap here to enter text.

**Progress/Regress while in treatment:**

Click or tap here to enter text.

**Referrals made and Continuing Care Plan:**

Click or tap here to enter text.