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.