

DISCHARGE SUMMARY

CLIENT NAME: _____

PACTS: _____

USPO: _____

TREATMENT START DATE: _____

COUNSELING DISCHARGE DATE: _____

TERMINATION FROM ALL SERVICES: _____

PRESENTING PROBLEM: _____

SUMMARY OF COUNSELING AND/OR MENTAL HEALTH TREATMENT:

SUMMARY OF DRUG/ALCOHOL TESTING:

REASON FOR COUNSELING DISCHARGE:

REASON FOR DRUG/ALCOHOL TESTING DISCHARGE:

DISCHARGE RECOMMENDATIONS:

COUNSELOR SIGNATURE

DATE

SUPERVISOR SIGNATURE

DATE