

Pathway Clinic, SC DISCHARGE SUMMARY FOR AODA SERVICES

CLIENT NAME: _____ DIAGNOSIS: _____

A. SYNOPSIS OF TREATMENT:

Admission Date: _____ Discharge date: _____

Total number of sessions: _____ Primary therapist: _____

Other therapist(s) involved: _____

B. REASON FOR DISCHARGE (choose one and explain):

1. Completed Service – Major Improvement:
2. Completed Service – Moderate Improvement:
3. Completed Service – No Positive Change:
4. Referred to Another Program (describe):
5. Behavioral Termination:
6. Transfer to Another Level of Service (describe continuity of care plan and UPC or ASAM recommendation):
7. Client Deceased (if death falls under Act 36, was notification made to BQA):
8. Unable to Locate Client (describe methods used to locate):
9. Withdrew Against Staff Advice:
10. Incarceration:
11. Funding/Authorization Expired (explain status at time of discharge and identify the service referral for further service, if indicated):
12. Other (describe):

C. TREATMENT STATUS, CONDITION, AND DIAGNOSTIC IMPRESSION AT DISCHARGE:

D. PROGRESS TOWARD ESTABLISHED TREATMENT GOALS (include a description of strengths, family involvement, prognosis, and triggers): _____

E. CIRCUMSTANCES IN WHICH RETURN TO TREATMENT MAY BE NEEDED (include any issues needing further attention): _____

F. Continuing Care Plan After Discharge – Identify each of the following:

1. Client's motivation in following discharge plan: _____

2. Relapse prevention/safety plan: _____

3. Barriers that may interfere with plan (i.e., transportation, childcare, etc.): _____

Client Signature: _____

Date: _____

Parent/Guardian: _____

Date: _____

Therapist Signature: _____

Date: _____

Supervising Psychologist: _____

Date: _____

M.D.: _____

Date: _____