

# Pathway Clinic, SC DISCHARGE SUMMARY

CLIENT NAME: \_\_\_\_\_

A. SYNOPSIS OF TREATMENT:

Date client first interviewed: \_\_\_\_\_ Date client last interviewed: \_\_\_\_\_

Total number of sessions: \_\_\_\_\_ Primary therapist: \_\_\_\_\_

Other therapist(s) involved: \_\_\_\_\_

Issues in treatment: \_\_\_\_\_

\_\_\_\_\_

B. PROGRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. REASON FOR DISCHARGE:

- a. \_\_\_\_\_ Received the help needed
- b. \_\_\_\_\_ Decided to handle problems on own
- c. \_\_\_\_\_ Transportation was too difficult
- d. \_\_\_\_\_ Scheduling was too difficult
- e. \_\_\_\_\_ Illness or physical disability
- f. \_\_\_\_\_ Did not like the staff
- g. \_\_\_\_\_ Service was too expensive
- h. \_\_\_\_\_ Did not get help with problem(s)
- i. \_\_\_\_\_ Switched to another clinic/provider
- j. \_\_\_\_\_ Did not feel anything was happening
- k. \_\_\_\_\_ Other family members wanted to stop
- l. \_\_\_\_\_ Referred elsewhere by Pathway staff
- m. \_\_\_\_\_ Just stopped; no reason provided
- n. \_\_\_\_\_ Other - Specify: \_\_\_\_\_

D. NATURE OF LAST CONTACT: \_\_\_\_\_ Date of Last Contact: \_\_\_\_\_

Office Visit \_\_\_\_\_ Phone \_\_\_\_\_ Letter \_\_\_\_\_ Other \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Psychologist: \_\_\_\_\_ Date: \_\_\_\_\_