

822-4 Discharge Summary

Patient Name		Patient ID#		DISCHARGE DATE	
Treatment Plan Goals Addressed: √	<input type="checkbox"/> Chemical Abuse/Dependence	<input type="checkbox"/> Social Leisure	<input type="checkbox"/> Other		
	<input type="checkbox"/> Physical Health	<input type="checkbox"/> Family	<input type="checkbox"/> Other		
	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Legal	<input type="checkbox"/> Other		
	<input type="checkbox"/> Vocational/Educational/Employment	<input type="checkbox"/> Gambling	<input type="checkbox"/> Other		
<p><u>Summary of Patient's course of treatment that addresses and measures patient progress toward attainment of treatment goals</u></p>					
Counselor Signature					Date