# Sample
## Discharge Summary

**Client Name:**_____          **Date:**_____

**Admitting Date:**_____          **Discharge/Termination Date:**_____

**Admitting Diagnosis:** _____          **Discharge/Termination Diagnosis:** _____

**Treatment Level Recommended:  ___Short Term   ___Long Term   ___Day Tx  ___IOP**

**The client successfully completed the recommended treatment program:  ___ Yes  ___ No**

**Treatment program hours completed:  _____**

**Nature of Discharge:    Tx Completed: ____    Withdrew from Tx: ____    Transfer:_____**

**Client Strengths/Abilities:**

_____
_____
_____

**Presenting Concerns:**_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

**ASAM Primary Issues:**

**1.**_____

**2.** _____

**3.** _____

**Treatment Outcome (program attendance & participation, family involvement, 12 Step attendance, achievement of treatment goals and expectation):**

_____
_____
_____
_____

**Discharge Plan:**

_____
_____
_____
_____
_____
_____
_____

**Referrals:**_____
_____
_____
_____
_____
_____

**Discharge Diagnosis:**

**Axis I**_____

**Axis II**_____

**Axis III**_____

**Axis IV**_____

**Axis V**_____

**Client Signature:**_____ **Date:**_____

**Therapist Signature:** _____ **Date:**_____