

A COUNSELING CENTER, P.C.: Discharge Summary

Client's Name _____ Date of Birth _____ Social Security Number _____
Admission Date: _____ Discharge Date: _____ Referral Source: _____
SEX: ☐ Male ☐ Female RACE: ☐ Caucasian ☐ Black ☐ Hispanic ☐ Asian ☐ Native American ☐ Other: _____
MARITAL: ☐ never married ☐ engaged ☐ married ☐ remarried ☐ cohabiting ☐ separated ☐ divorced ☐ widowed

FINAL DIAGNOSIS (from psychiatric or other staffings)

Axis I: _____
Axis II: _____
Axis III: _____
Axis IV: _____
Axis V: Current GAF: _____ Highest GAF Past Year: _____

SERVICES PROVIDED/COURSE OF TREATMENT

Presenting Problem: _____
Client's Strengths, Abilities, Needs, Preferences: _____

Client's Desired Outcomes/Results: _____

Clinic's Desired Outcomes/Results: _____

Client's Expectations: _____

Clinic's Expectations: _____

Client's Desired Outcomes Achieved: _____

Clinic's Desired Outcomes Achieved (& prognosis): _____

Client's Expectations Achieved: _____

Clinic's Expectations Achieved (& compliance): _____

Interventions: ☐ Cognitive-Emotive-Behavioral Therapy ☐ Reality Therapy ☐ Behavior Therapy ☐ Family Therapy
☐ Transactional Analysis ☐ Rogerian Therapy ☐ Medication Management ☐ Other: _____

Cognitive Techniques: _____

Emotive Techniques: _____

Behavioral Techniques: _____

Modalities: ☐ Individual ☐ Family ☐ Couple ☐ Group ☐ Other: _____

Frequency of Main Modality: ☐ Weekly ☐ Biweekly ☐ Monthly ☐ Other: _____

Hours: _____ Individual: _____ Family: _____ Group: _____ Evaluation: _____ Medication: _____ CaseManage: _____

Number Of Emergency Sessions: _____ Number Of No-Shows: _____ Number Of Cancellations: _____

Number Of Phone Contacts: _____ Number Of Other Contacts: _____

Condition Last Seen: _____ deteriorated—1—2—3—4—5—6—7—8—improved OR 9—undetermined

Axis V First Contact:..... Current GAF: _____

Axis V Last Contact: Current GAF: _____

Reason For Discharge: _____

Discharge Medications: _____

Discharge Plan (referrals, recommendations, support groups, booster sessions): _____

Follow-Up Plan (dates, type): _____

Counselor's Signature _____

Date Signed _____