

**County of San Bernardino
Department of Behavioral Health
ALCOHOL AND DRUG SERVICES
Discharge Summary**



(Must be completed within 30 days of the last face-to-face session.)

Client Name: _____
 Client Identification # _____
 Admission Date: _____
 Discharge Date: _____
 Last Face-to-Face Session: _____

Client's Discharge Plan: _____

Reason for Discharge: _____

Client Prognosis: _____

Was the client advised of their Title 22 Fair Hearing Rights if the discharge was involuntary? Check one:
 Yes No [Title 22, CCR, Section 51341.1 (p)] date: _____

Narrative Summary of Treatment Episode

(Summarizes presenting problem, treatment provided, and final outcomes) The narrative summary **MUST include** :

Current Drug Usage	Legal Status/ Criminal Activity	Vocational/Educational Achievements	Living Situation	Referrals
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All of these 5 components **MUST BE ADDRESSED**. If not, the discharge summary is **DEFICIENT** under the Alcohol and Drug Treatment Certification Standards. If a component is Not Applicable, list it and state the component is not applicable. If this space is insufficient for your summary, please continue documenting on the back of the page.

Completed by (signature)	Signature Date:
Completed by (print):	