



**Department of Behavioral Health
Substance Use Disorder and Recovery Services**

DISCHARGE SUMMARY

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

Client Name		Consumer ID:	Admit Date
Today's Date		Date of Last Face-to-Face Session	
CalOMS Discharge Date		Date was determined by reason # (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4) <input type="checkbox"/>	
(1) Last Face-to-Face	(2) Discharge Data by Phone	(3) Last Service Accepted by myAvatar	(4) Date of Last Dose (NTP)

Client's Discharge Plan

Reason for Discharge				
<input type="checkbox"/> Completed Program	<input type="checkbox"/> Non-Attendance	<input type="checkbox"/> Work/School Conflicts	<input type="checkbox"/> Incarceration	<input type="checkbox"/> Other Reason

Client Prognosis					
<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Guarded	<input type="checkbox"/> Poor	Discharge is <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary

Was the client advised of their Title 22 Fair Hearing Rights if the discharge was involuntary? (Title 22, CCR, Section 51341.1 (p))	
<input type="checkbox"/> YES Date of NOA	<input type="checkbox"/> NO Reason:

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
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.				

Current Drug Usage
Legal Status/Criminal Activity
Vocational/Educational Achievements
Living Situation
Referrals
Summary

Client Comments

Completed by (print)	Date
Completed by (sign)	
Supervisor (print)	Date
Supervisor (sign)	