



Grace Street Services

Discharge Summary & Aftercare Plan

Name: _____ Client number: _____ Date of Birth: _____

Address: _____ Phone#: _____

Date of Admission: _____ Date of Discharge _____

Physician Services to continue? Yes No

I. Discharge Summary

Reason for Discharge:

- Client has completed counseling portion of treatment with Grace Street Services. Yes No
- Client has completed all forms of treatment with Grace Street Services. Yes No
- Client voluntarily left treatment without explanation. Yes No
- Client was involuntarily discharged for failure to meet the minimum treatment participation requirements. Yes No
- Client was involuntarily discharged for: _____
- Other: _____

Treatment Completion Indicators:

- Goals and objectives outlined by the treatment plan have been satisfactorily met as perceived by client and counselor. Yes No
- Significant reduction in illicit drug use and addictive behavior. Yes No
- Reported by client that he/she is experiencing a marked improvement in major life areas. Yes No
- Reported by significant other (spouse, guardian, family member, employer) a positive change in client's well-being. Yes No
- Other:

Review of Treatment:

Screening date: _____ Intake date: _____

Medical Assessment date: _____

IOP start date: _____ Completed IOP? Yes No

If yes, date completed: _____

OP Treatment start date: _____ Completed OP? Yes No

If yes, date completed: _____

Referral made? Yes No

If yes, to whom when? _____



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Summary of progress during treatment: (Include growth and accomplishments while in treatment.)

Unmet needs: _____

Physical health conditions at time of discharge: _____

Mental health conditions at time of discharge: _____

II. Aftercare Plan

No aftercare planning completed

The following recommendations were made by the counselor/clinical team:

Substance Abuse Counseling: Individual / Groups / both (circle one)

Residential Treatment: Co-occurring / Substance Abuse (circle one)

Medication Assisted Treatment

Detoxification or Hospitalization

Mental Health: Counseling / Medication Management / Case Management / ACT team

Medical Treatment

12-step program

Others support groups

Other _____

The aftercare plan developed by counselor and client are as follows:

Client (if not able to sign, state why)

Date

Counselor

Date

Clinical Director

Date