

Client Name and Date of Birth _____

Date therapy started _____ Date therapy ended _____

Clinical observations Symptoms and prognosis Progress and/or lack of progress Client's affect, behavior, response or reaction to clinical interventions		
I Focus of clinical attention & behavioral indicators		
III Change in physical symptoms, prescriptions or self-medication		
IV Psychosocial and environmental problems	Start	End
Primary support group		
Social environment		
Educational		
Occupational		
Housing		
Economic		
Healthcare		
Legal		
Other		
V Global Assessment of Functioning (GAF)		

Issues related to informed consent Clinical tests/consultations: new and/or results Referrals made/reasons Collaboration with others
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Crisis Issues Safety issues – danger to self/others Abuse issues – children, dependent adults, domestic violence Emergent/acute issues Legally required action taken and/or ethical judgment exercised

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Treatment plan

Priority goal
Desired behavioral change
Nature of ambivalence
Intended client action
Resources needed

LCSW's recommendations

Termination

Issues that are relevant to the termination process

Forms attached to this Discharge Summary

- 01 Intake Form
- 02 Informed Consent
- 03 Financial Ledger
- 04 Personal Status Inventory
- 05 PHQ9-GAD7
- 06 Multi-axial Assessment
- 07 Progress Note and Treatment Plan
- 08 Release of Information Permission
- 09 Discharge Summary
- 10 Fax Cover

Therapist Signature and Date: