



CARE COORDINATION DISCHARGE SUMMARY

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

Patient Name, Patient ID, Admit Date, Today's Date, Date of Last Face-to-Face Session, Date was determined by reason # (1) (2) (3)

Patient's Discharge Plan

Reason for Discharge: Completed Program, Non-Attendance, Work/School Conflicts, Incarceration, Other Reason

Patient's Prognosis: Excellent, Good, Fair, Guarded, Poor, Discharge is Voluntary/Involuntary, Was the patient advised of their Fair Hearing Rights...

NARRATIVE SUMMARY OF CARE COORDINATION SERVICES

(Summarizes patient barriers, care coordination services provided, and final outcomes) The narrative summary MUST include: Current Drug Usage, Legal Status/Criminal Activity, Vocational/Educational Achievements, Living Situation, Referrals/Transition

Current Drug Usage, Legal Status/Criminal Activity, Vocational/Educational Achievements, Living Situation, Referrals, Transition to next Level of Care, Summary

Patient's Comments

Completed by Print Name, Completed by Signature, Date

Supervisor Print Name, Supervisor Signature, Date