Community Counseling of Central Connecticut Inc.
53 Muir Ave Bristol, CT. 06010
860-582-7904 cccofcentralct.org
We treat people not privilege…

Discharge Summary

Client Name: _____ Client #:_____ Adm. Date: _____

Initial focus of treatment: presenting problems:

Course of treatment / Discharge Summary (Summary must cover an evaluation of the client's progress toward the goals described in the treatment plan, date of admission, date of and reason for discharge, summary of any recommendations and a list of any referrals made to other organizations.)

Client Name: _____ Client #:_____ Adm. Date: _____

Medication at discharge: (*Note- CCC of Central CT does not prescribe medication and is only supplying information as supplied by the client.)

_____
_____
_____
_____
_____
_____

DSM IV TR:
Axis I-_____
_____
Axis II- _____
_____
Axis III- _____
_____
Axis IV- _____
_____
Axis V- _____**Current** _____ **Past Year**

Collaborative Source and Family Involvement: (e.g. BHU, P.O., DCF, payor, MD) (**If none, state why**). _____
_____
_____
_____
_____

Discharge Plan / Continuing Care Plan: (<u>Must include appointment time, date *and contact person*</u>)
1. _____
2. _____
3. _____
4. _____

Discharge Date: _____

Clinician Signature:
_____ **Date:** _____