

Sample Discharge Template

Name _____ Counselor ID _____ Client ID _____ Date ____/____/20____

Discharge Date ____/____/20____

This case is being discharged because (choose one)

- Client completed service plan
- Client declined further service
- Client moved from area
- Lost track of client
- Client in jail
- Client in rehabilitation
- Client in psychiatric care
- Client not seen in __ months
- Deceased
- Other (specify)_____

Considering all the factors involved with this case, what impact did this program have on client functioning? (choose one)

- Significant positive impact
- Moderate positive impact
- Some positive impact
- Little positive impact
- No impact
- Some negative impact

Considering all the factors involved with this case, what level of overall goal attainment did the client reach? (choose one)

- All goals reached
- Some goals reached
- No goals reached

CASE NOTES _____

