

Transition/Discharge Summary/Plan

The Transition/Discharge Summary/Plan is designed as a two-page form, encapsulating the course of treatment, outcomes, and reasons for transition or discharge. It is to be completed for persons at the time of transition or discharge and should be accompanied by the Transition/Discharge Planning. This plan should be initiated as early in the treatment as possible to ensure steps are taken to provide continuity of care.

Data Field	Identifying Information Instructions
Person Name:	Record the first name, last name, and middle initial of the person. Order of name is at agency discretion.
Record #:	Record your agency's established identification number for the person.
D.O.B:	Document person's date of birth.
Organization Name:	Record the organization for whom you are delivering the service.
Transition From/To:	Check if person is being transitioned internally. Indicate the unit/program from which person is being transitioned and to which unit/program person will be transitioned.
Discharge:	Check if person is being discharged from the agency/program.
Admission Date:	Document the date the person was admitted.
Last Contact:	Document the last date of contact with the person.
Transition/Discharge Date:	Document the date that the person is being transitioned or discharged.
Person's location and contact information post discharge/ transition	Indicate person's physical location and contact information, including the specific address and telephone number if known, immediately after discharge. If unknown, check box. This information may be utilized for post-discharge/transition contacts including the gathering of outcomes information.

Data Field	Summary of Treatment
Summary of Services/Treatment Provided/Status at Last Contact:	Provide a narrative summary of the person's presenting issues, services and treatment that were provided. Document the status of the person at last contact and include legal status and criminal activity, if applicable, at the time of discharge.
Outcomes:	Include qualitative and quantitative information regarding the person's progress/gains achieved, strengths, abilities and preferences. Indicate names of any standardized measures used and a summary of the outcome information including vocational/educational/financial status or achievements.
Sobriety Status/Description of Current Drug or Alcohol Use:	Indicate person's current sobriety status and describe any current/continued use of alcohol or other drugs. Check if <i>Not Applicable</i> .
Goal Status:	Check the numbers of the goals addressed in treatment based on Individualized Action Plan. For each goal, identify with a keyword and indicate the status by checking whether that goal at the time of discharge has been met, partially met, not met, or discontinued. Insert any additional comments in the spaces provided.
Overall Progress in Treatment:	Document the person's overall progress in treatment.

Data Field	Diagnosis
Axis I – V:	Spaces are provided to capture the information gathered at intake and time of Transition/discharge. Indicate the diagnostic code and conditions for Axes I – III according to the instructions from the diagnostic manual being used. For Axis IV, check the relevant categories of psychosocial or environmental problems/stressors and write the specific factors. For Axis V, log the current GAF score as well as the highest and lowest functioning from the past year.

Data Field	Reason for Transition/Discharge
Reasons:	Check to indicate reason(s) for transition/discharge.
If involuntary/administratively discharged, summary of disciplinary action taken:	If not applicable, check box provided. Include reasons, as well as the decision of the grievance hearing, or if the client elected not to be heard, a clear statement of the circumstances of termination, suspension, or any lesser sanction imposed. Check whether or not the person was notified of the appeal process.

Data Field	Person's Response
Person's Response to Treatment and Transition/Discharge:	Summarize person's response to this treatment episode and how he/she feels regarding the transition/discharge.

Data Field	Medications
Medications as Reported by Person at time of Transition/Discharge:	List medication name, dose, plans for change (including rate of Detox). Record the name of the prescriber as reported by the person at the time of transition/discharge.

Data Field	Continuity of Care/Referral Instructions:
Referred To:	List all internal and external services/programs to which the person is being referred at the point of transition/discharge. Specify agency/program name, location, and any other contact information the person or parent/guardian will need to ensure continuity of care
For:	Specify the types of services or programs, or reason why person is being referred for each particular listing.
Date(s)/Time(s) of Appointments if known:	Indicate any specific dates and/or times of appointments that have been set up for the person.
Aftercare Options:	Document information on symptoms the person should watch for, options available if the symptoms reoccur, or additional services that may be needed or preferred by the person.

Data Field	Client Copy
Copy of Transition/Discharge Plan:	Indicate if a copy of the plan has been <i>given to the person, mailed to the person, or did not receive a copy</i> . If person did not receive a copy, provide explanation.

Data Field	Staff Signatures Instructions
Provider Signature/Credentials:	Legibly record signature and credentials, according to agency policy, of the primary provider of services, coordinator of services, or the author of the plan.
Date:	Date of this signature.
Supervisor's Signature/Credentials	If applicable, legibly record signature and credentials of supervisor. Check if N/A. Example: Jerry Smith, LMHC
Date:	Date of this signature.
Person Signature:	If appropriate, legibly record signature of the person or his/her parent/guardian.
Date:	Date of this signature.

