

**Attachment LL – Discharge Summary 10-11**

**Department of Public Safety and Correctional Services  
Substance Abuse Treatment Discharge Summary**

**Inmate Name:**                      **DOC/SID #:**                      **DOB:**

**Admission Date:**                      **Date of Discharge:**                      **LOC:**

**Presenting Problem:**  
**Reason for Discharge:**

**Diagnostic Impression at Discharge:** (*Utilize EPHR*)

**Axis I:**

**Axis II:**

**Axis III:**

**AXIS IV:**

**AXIS V: GAF =**

**Prognosis at Discharge:**      **Good**      **Fair**      **Guarded**      **Poor**

**Mental Health Problems**      **Y**      **N**      **Medications**      **Y**      **N**      **N/A**

**Current Medications:**

(*Utilize EPHR*)

**I.      Treatment Progress/ Behavioral Concerns: (include services delivered, frequency, duration, and any significant behavioral concerns, eg. disciplinary or negative relationships with peers/staff).**

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**II.      Recommendations for Aftercare:**

**Yes**     **No**     **Note Aftercare Services Plan**

**Client involved in discharge plan:**     **Y**     **N**

**Counselor Signature/Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**cc: file**