**Discharge Report**

|  |  |
| --- | --- |
| Name: | ID#: |
| Birth Date: | Review Date: |
| Admission Date: | Service Coordinator: |

Did a discharge meeting occur? Yes No

If Yes who was present:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If No, why?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

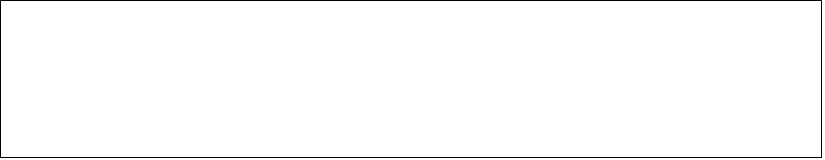
REVIEW OF PRESENTING PROBLEMS AND TREATMENT GOALS

**Summary of child’s view of problem, expectations of treatment, and involvement:**

**Summary of parent's view of problem, expectations of treatment and involvement:**

**MEASURES SUMMARY:**

**DISCHARGE PLAN AND RECOMMENDATIONS**:



Signatures Date

Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child (optional) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Coordinator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Collaborating worker(s) (optional) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Parent aware of the contents of this report \_\_\_\_\_ (worker initials)*

*Parent reviewed this report \_\_\_\_\_\_\_ (worker initials)*

*Copy offered to parent \_\_\_\_\_\_\_\_ (worker’s initials)*

*Explanation if report not shared or signed:*

Rev: 1/24 F-PR-1380