

Problem Gambling Outpatient Services Discharge Summary

Patient Name:	Patient ID #:	Admission Date:	Discharge Date:
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Course and Results of Treatment

The **Course of Treatment** is a review of the interventions and activities of the treatment and includes a summary of the progress of the patient throughout the experience.

The **Results of Treatment** is a review of where the patient is upon discharge in terms of the addiction and other life issues as compared to where they were when they entered treatment.

Referred By

Presenting Problem

Prior treatment and 12 Step Program history
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Summary of contact with Agency/Treatment Progress/Significant Findings

Number of sessions attended	Individual	Group	Other
Current 12 Step Program Involvement	<input type="checkbox"/> Attended GA in Treatment	<input type="checkbox"/> Has Sponsor	<input type="checkbox"/> Other
Discharge Reason	<input type="checkbox"/> Disposition	<input type="checkbox"/> Successfully Completed all Program Requirements	
	<input type="checkbox"/> Terminated Treatment Against Clinical Advice		
	<input type="checkbox"/> Refused Referral to		

Diagnosis	Axis I
	Axis II
	Axis III
	Axis IV
	Axis V

Recommendations/Aftercare Plan

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Responsible Clinical Staff Member Signature _____ Date

Complete within 45 days of discharge