



**Community Alternatives
DISCHARGE SUMMARY**

Client Name: Mr. A Discharge Date: 12/20/2008

D.O.B. xx/xx/xx Marital Status: S Race: A Gender: M

Date Entered Program: 12/1/07 Referral Agency /Person: International Center

Reason for Initial Referral: Case management services, mental health and substance abuse treatment, housing. Green card and citizenship application.

Course of Treatment and Significant Issues: Mr. A. was homeless and had no source of income. Mr. A. needed safe, affordable housing. He expressed desire to be seen by a psychiatrist to assist in managing his PTSD symptoms. Mr. A. had never seen a psychiatrist. He needed support with his alcohol dependence.

Current Strengths: Mr. A has resources and is able to access services including health care. Mr. A maintains his housing well and is able to live independently.

Current Needs: Continue seeing a psychiatrist and Substance Abuse Counselor to offer support in managing symptoms.

Current Abilities: Mr. A is able to communicate needs and knows how to access resources Has good ADL skills.

Current Medication (type, dosage): Zyprexa 10mg, Nexium 40mg

Past Medications Utilized (Type and Dosage): Abilify 15mg, Remeron 15mg, Ranitidine 300mg.

Medical Status at Discharge: Mr. A has Hepatitis C, Gastroesophageal reflux disease.

Reason for Discharge: check one) Successful graduation Client refused services
 Moved from area Long term institutionalization (circle) prison SNF hospital
 Death cause _____ Other: Transfer to Community Alternatives ACT team

Detailed Reason for Discharge: Mr. C will benefit from the intense support that ACT offers. He will benefit more from an interdisciplinary team to assist with managing his symptoms and maintaining his housing for a long period of time.

Plan for Follow-up Treatment/Referral: Mr. A is enrolled with the ACT team at Community Alternatives. Case Manager will meet with the ACT team for intake and assessment.

Living arrangement at time of discharge (check one): Own apt. Family With friends

RCF SNF Jail/Prison Homeless Other: _____

Address: 000 Dot. Apt#7 St. Louis, MO 123

Phone #: 314-000-000

Current Psychiatrist: Dr. M. Phone: 314-772-8801

Follow-up services will be provided by: ACT team Case Manager Mr. Brown

Address: 3738 Chouteau Ave. St. Louis, MO 63110

Phone (include area code): 314-772-8801

When and how will the first contact with this entity occur? ACC caseworker and the new ACT caseworker will meet client at apartment next week.

Was the client advised whom to contact in an emergency following discharge and how?

yes no If yes, name contact: Ms. Jones @ 314-772-8801

The client should be informed that a CA staff member will contact them in approximately three months for a routine follow up. What is the agreed upon plan for how to do this?

Case manager will meet with ACT team to work on treatment plan. Case manager will call Mr. A to check on how things are going. Mr. A and his new case manager will call ACC case manager or team whenever there is a need. Mr. A will call former case manager if there is a need.

SIGNATURE PAGE

Client signature:	Mr. A	Date:	12/23/08
Guardian signature:		Date:	
CA Primary CSW:	Ms. Jones	Date:	12/23/08
Team Supervisor:	D. Wilson	Date:	12/23/08

ORIGINAL of this completed form should be placed in the client's chart within 24 hours of discharge.

Copies should be given to:

- client
- guardian
- follow-up service provider