

Fax to: Kaitlin Blanco-Silva at 803-929-0762

Discharge Summary

(Palmetto EAP Mandatory Referrals Only)

Due upon Completion of treatment or at discharge

Patient:

DOB:

Inclusive Dates of Treatment:

Successful completion Unsuccessful Completion

Dates of Drug Screens and Results (if applicable:)

Date: Negative Positive for

Date: Negative Positive for

Date: Negative Positive for

Clinical Characterization of patient's participation:

Recommendations to Workplace (if any)

Continuing Care Recommendations:

Referrals Made at Discharge:

PROGNOSIS: Excellent Good Fair Poor Extremely Poor

Counselor's Signature Credentials: Print Name: Date:

Practice Name:

Phone Number, Counselor's Extension: