

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

DISCHARGE SUMMARY

(Palmetto EAP Mandatory Referrals Only)

Due upon completion of treatment or at discharge

Patient: _____ Social Security #: _____

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 _____

Final Diagnosis: _____

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

Facility Name

Phone Number, Counselor's Extension