



Exit/Discharge Report Summary

Participant: _____ Last 4 SSN #: _____

Original Referral Reason: _____

Diagnosis: _____

Discharge Date: _____ Program from which exited: _____

Reason for Exit/Discharge (*check one*)

- | | |
|---|---|
| <input type="checkbox"/> Moved | <input type="checkbox"/> Voluntary Withdrawal |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Physical/Emotional Regression |
| <input type="checkbox"/> Services Completed | <input type="checkbox"/> Employment Services/Follow-Along Ended |
| <input type="checkbox"/> Death | |
| <input type="checkbox"/> Other: _____ | |

Services Provided While at Paladin and Service Progress at Time of Exit:

- Work Services: _____
- Employment Services: _____
- Occupational Therapy: _____
- Speech: _____
- Behavior Management: _____
- Counseling: _____
- Educational Services: _____
- Habilitation Services: _____
- Residential Services: _____
- Community Services: _____
- Other: _____



Discharge Plan: _____

Referrals Provided: _____

Should Participant be considered for re-admissions to Paladin?

Yes No Conditional

(If no or conditional, specify reasons): _____

Specify any concerns and/or barriers to program plan implementation: _____

Person Completing Report

Date

Director or Vice President

File Review Date

Deactivate the participant from the following systems:

ECP

When to Work