Discharge Report Summary

Participant: _____ Last 4 SSN #: _____

Original Referral Reason: _____

Diagnosis: _____

Discharge Date: _____ Program from which exited: _____

Reason for Exit/Discharge (***check one***)

☐Moved   ☐Voluntary Withdrawal

☐Retired   ☐Physical/Emotional Regression

☐Services Completed   ☐Employment Services/Follow-Along Ended

☐Death

☐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