



One-Page Discharge Form

Client Name: _____

Case # _____

Clinician Name: _____

Discharge Date: _____

Client is: **Private**
LifeWays

Reason for Discharge (Choose only 1):

Completed/Authorization Ended

Terminated by RT

Deceased*

Incarcerated or released to/by courts*

Ineligible Insurance

Moved

Transferred/Referred to: _____
More Restrictive Equal Transfer

No Show/Dropped out*

Client requested discharge

What service is closing?	CSM	ACT/IDDT	OPT
CHECK ALL THAT APPLY TO RT SERVICES ONLY	Ang Mgt	BIP	RT- Psychiatric

Remains open to:	CSM	ACT/IDDT	OPT
CHECK ALL THAT APPLY TO RT SERVICES ONLY	Ang Mgt	BIP	RT- Psychiatric NA

Complete a DLA-20 upon discharge unless * above.

Completed by: _____

Date: _____

Management Initials when complete: _____