

Community Counseling of Central Connecticut Inc.
53 Muir Ave Bristol, CT. 06010
860-582-7904 www.cccofcentralct.org or www.docwarren.org
We treat people not privilege...
Discharge Summary

Client Name: _____ **Client #:** _____ **Adm. Date:** _____

Initial focus of treatment: presenting problems:

Client presented as a: _____ yr old Caucasian Asian Hispanic African American Other _____
 Male Female **Who sought treatment for:** Depression Anxiety Relational Anger
 Adjustment PTSD ADHD Personality Substance Abuse Trauma Bi Polar Mental
 Retardation Mood Mania Sleep Sexual Dissociative Learning Eating Somatoform
 Factitious Other _____ Disorder.

Course of treatment / Discharge Summary

Treatment consisted of sessions conducted: Weekly Biweekly Combination Other _____
Types of sessions included: Individual Family group Intervention Other _____
Client participation during treatment was: Cooperative/Contributed to sessions
 Avoidant/Poor Participation Noncompliant Mixed Other _____
Progress: Poor Moderate Major Mixed Other _____
Reason for discharge: Goals met Noncompliance Client moved Other _____
Referrals made during treatment: PCP Psychiatrist Social Service Agency Self Health Group
 Other _____
Medication at discharge: Y/N Unknown **Prescribed By:** PCP Psychiatrist (*Note-CCC of Central CT does not prescribe medication). _____

DSM IV TR:

Axis I- _____

Axis II- _____

Axis III- _____

Axis IV- _____

Axis V- _____ **Current** _____ **Past Year**

Summary Narrative (Supply additional information if and as needed)

Client Name: _____ **Client #:** _____ **Adm. Date:** _____

Discharge Plan / Continuing Care Plan:

No Further Treatment indicated-return to treatment if symptoms recur. Client refused Maintenance with Self Help Group Continue Medication Maintenance with PCP or Psychiatrist

Other:

1. _____
2. _____
3. _____

Discharge Date: _____

Clinician Signature:

Date: _____

Dr. Warren Corson III LPC, NCC, ACS