

Aoda Discharge Summary Sample

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substance abuse discharge summary name (offender): agency: date: 1. stage of change: 2. reasons for termination (check one): successful discharge unsuccessful discharge interruption of treatment vendor comments explain (use additional pages if needed): 3. recommendations for community based aftercare:

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DISCHAGE SUMMARY Date of Exam: 7/4/2012 Time of Exam: 7:14:10 PM Patient Name: Anna Smith Patient Number: 1000010544165 DATE ADMITTED: 3/12/2012 DATE DISCHARGED: 7/4/2012 This discharge summary consists of 1. The Initial Assessment, 2. Course of Treatment, 3. Clinician's Narrative, and 4. Discharge Status and Instructions

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