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| **Person Served Name:** | **Avatar ID Number:** |
| **Admission Date:** Enter Admission Date | **Discharge Date:** Enter Discharge Date |
| **Narrative Summary of Treatment Episode**  (Please give details about attendance, achievements, goals met/unmet, barriers in treatment, etc.)  **Description of Treatment Episode:** Enter Detailed Description of Treatment Episode  **Description of Recovery Services Completed:** Enter Description of Recovery Services Completed  **Current Alcohol and/or Other Drug Usage:** Enter Description of Current Alcohol and/or Other Drug Usage  **Vocational / Educational Achievements:** Enter Description of Vocational / Educational Achievements  **Transfers / Referrals:** Enter Description of Transfers / Referrals  **Person-Served Comments:** Enter Person Served Comments | |
| **Prognosis of Person Served:** Enter Prognosis  **Please explain:** Enter Explanation of Prognosis | **Discharge Type:** Choose Discharge Type  **Reason for Discharge:** Choose Reason for Discharge |
| **Was appropriate NOABD issued to person served?** Choose Answer  **If No, please explain:** Enter Explanation | |

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| **Counselor/LPHA Name Printed:** | **Counselor/LPHA Signature:** | **Date:** |