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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:** |