

# Discharge Checklist

Client Name:  
Date of Birth:  
Date of Discharge:

## CLINICAL SUMMARY

Review treatment progress and outcomes ☐

Document client's current status (e.g., physical, mental, emotional) ☐

## MEDICATION MANAGEMENT

Review current medications. ☐

Provide a list of medications with dosages and instructions ☐

Discuss potential side effects and interactions. ☐

## THERAPEUTIC INTERVENTIONS

Summarize therapeutic interventions used during treatment. ☐

Provide recommendations for ongoing therapy or support groups. ☐

## FOLLOW-UP APPOINTMENTS

Schedule follow-up appointments with primary care provider and specialists. ☐

Provide contact information for follow-up appointments. ☐

## AFTERCARE PLAN

Develop a comprehensive aftercare plan (see Aftercare Plan Template below) ☐

Review aftercare plan with the client and obtain their agreement. ☐

## SUPPORT SYSTEM

Identify key support persons (family, friends, community) ☐

Provide education and resources for the support system ☐

# Discharge Checklist Continued

## CRISIS MANAGEMENT

Develop a crisis management plan ☐

Provide emergency contact information and hotline numbers ☐

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## LIFESTYLE AND WELLNESS

Discuss healthy lifestyle choices (nutrition, exercise, sleep) ☐

Provide resources for wellness programs and activities ☐

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## LEGAL AND FINANCIAL ISSUES

Address any outstanding legal issues. ☐

Provide referrals to financial assistance programs if needed ☐

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## DOCUMENTATION

Complete all necessary discharge documentation ☐

Ensure the client receives copies of all relevant documents ☐

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Client Signature: \_\_\_\_\_

Clinician Signature: \_\_\_\_\_