



Discharge Planning Note

Projected Discharge Date: _____

Where will the client be going upon discharge? _____

Category of D/C: _____

Location: _____

Who will be the primary source of support? _____

How will the client be transported? (By who? How?) _____

Did the client receive MAT while here? _____

Will the client receive MAT after D/C? _____

If yes, where? _____

Hepatitis C Status: _____ HIV status: _____

Notes:

Hard Copy