# marie carter and associates…

*pastoral counseling services*

## Discharge Summary

Client Name: _____ Client ID#: _____

Therapist: _____ Date: _____

Treatment Dates: (1st) ___/___/_____(Last) _ ___/___/_____Number of Sessions_____

Termination Code:

Treatment Complete _ Referred to Psychiatrist _ Client terminated Treatment _

Hospitalization _ Client Moved _ Referred to Another Therapist _

Single Session _

Other: _____

Type of Counseling Service:

Individual _ Marriage _ Family _ Relationship _ Premarital _

Group _ Career _ Supervision _

Other _____

Summary:_____

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