SANTA BARBARA COUNTY   **ALCOHOL, DRUG AND MENTAL HEALTH SERVICES**

DISCHARGE

Client Name _____   Client Number _____

Discharge Date _____   Discharge Reason _____

Condition at Discharge _____   Follow-up Date _____

Discharge Note _____

Responsible Staff Last Name _____   Employee ID _____

Referral Out 1 _____   Referral Out 2 _____

Referral Out 3 _____