

[Your Name]  
[Your Title, LCSW]  
[Your Organization/Practice Name]  
[Your Address]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]  
[Date]

[Recipient's Name]  
[Recipient's Title]  
[Recipient's Organization/Practice Name]  
[Recipient's Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Discharge Summary for [Client's Name]

I am writing to provide a discharge summary for [Client's Name], who was under my care from [Start Date] to [Discharge Date].

**\*\*Client Information:\*\***

- Client Name: [Client's Name]
- Date of Birth: [DOB]
- Diagnosis: [Client's Diagnosis/Presenting Issues]
- Treatment Goals: [List Treatment Goals]

**\*\*Summary of Treatment:\*\***

During the course of treatment, the following interventions were utilized:

- [Intervention 1]
- [Intervention 2]
- [Intervention 3]

The client demonstrated progress in the following areas:

- [Area of Progress 1]
- [Area of Progress 2]
- [Area of Progress 3]

**\*\*Discharge Status:\*\***

As of the discharge date, the client has achieved the following:

- [Achieved Goal 1]
- [Achieved Goal 2]

**\*\*Recommendations for Continuing Care:\*\***

- [Recommendation 1]
- [Recommendation 2]

I believe that [Client's Name] is ready for discharge and recommends [any further care or follow-up needed].

Should you have any questions or require further information, please do not hesitate to contact me.

Thank you for your support.

Sincerely,

[Your Name]  
[Your Credentials]  
[Your License Number]