

Ottawa Couple and Family Institute Inc.  
Discharge Summary

Client's Name: \_\_\_\_\_

Therapist: \_\_\_\_\_

Date of Admission: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_

Reason Terminated :

Summary:

Referred to: \_\_\_\_\_

Total Visits: \_\_\_\_\_

Therapist: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_