

TRANSFER/CLOSURE SUMMARY

Service user name Date of birth.....

(30) Date of discharge (37) Date modality ends/out of area transfer

FOR TRANSFERS ONLY. To which service (external)

To which worker (internal)

FOR CLOSURES ONLY. If treatment ends, please indicate if this is a PLANNED / UNPLANNED DISCHARGE.

(31) Reason for case closure

- 1. Treatment completed – drug free
2. Treatment completed
3. Treatment withdrawn/breach of contract
4. No appropriate treatment available
5. Referred on
6. Dropped out/left
7. Moved away
8. Prison
9. Died
10. Other
11. Unknown
12. Treatment declined by client
13. Inappropriate referral

Client’s treatment status and personal situation at time of closure or transfer

Give details of any outstanding treatment needs on closure or transfer.

Do these require onward referral to another agency? YES/NO
If YES, to which agency

Are there other agencies to be notified of closure or transfer? YES/NO
If YES, to which agency

Date written to referring agency notifying transfer or closure [grid]

If ongoing BBV treatment required, date written to GP [grid]

Is there a crisis warning on either the City Council/Trust/Other electronic system? YES/NO
Should this warning remain active or be closed? YES/NO/NA

Give outline if there are any risks to self or to others

If in treatment episode for 12 or more weeks, specify no of weeks

Signature of service user Date

Signature of care coordinator/keyworker Date

Signature of line manager Date

OFFICE USE

Closure/Transfer recorded by Date

(sdat/pm/110506)