

Cx present

Required at intake

TRANSITION PLAN

(date of referral)

Client's name Gina Pearson Insurance# B08555999 Admit date 1/1/21

How will you know that you are nearing completion of services and ready to transition into your community? (to be asked of client at assessment- direct quote required):

"I will know therapy has been helpful when I no longer have flashbacks."

Below this line to be completed at Discharge:

Progress (In client's own words): "I feel like I have completed the goals we collaborated on."

Gains (In client's own words): "I feel like I have more control over my trauma triggers."

Strengths/abilities Strengths include strong communication skills, prior therapy experience, increased emotional insight, and decreased reactivity to triggers.

Needs/liabilities Client needs to work on continuing to heal, including self care in schedule, and enhancing safety behaviors

Presenting problem (from intake) Presenting problem was anxiety, insomnia, and flashbacks. → at intake

The following care services have been developed with my knowledge and cooperation. My response regarding these plans is as follows: "I agree with the reason for discharge. I will continue to work on these needs." → at discharge

Referral Source: (Name, contact information, agency, hours available)

no referrals made at discharge. Cx referred back to ITS for additional needs after discharge.

Below this line to be completed at Discharge:

Gina Pearson
Client Signature (if over 12)

8/1/22
Date

n/a
Guardian Signature

Date

Melissa, W. Land
Therapist Signature & Credentials

8/1/22
Date

where we referred them to at discharge