



**San Mateo County Behavioral Health & Recovery Services
 Specialty Mental Health – Closing Summary**



Before discharging a client, contact the BHRS care coordinator or other treatment providers involved in client’s care to discuss reason for discharge and discharge plan.

Client Name: _____ Mental Health ID: _____
 DOB: _____
 Provider Name: _____ Provider Phone: _____

Closing Date

	Reason(s) for Closing:
<input type="checkbox"/>	Client met therapy goals
<input type="checkbox"/>	Client decided to terminate therapy
<input type="checkbox"/>	Client did not follow through with treatment
<input type="checkbox"/>	Client’s Insurance (no longer eligible)
<input type="checkbox"/>	Client moved
<input type="checkbox"/>	Other

Are you recommending other services? No____Yes_____

If yes, please identify needs:

Provider Signature, License

Agency Name, if applicable

Date

SPPN Closing Summary (08/2021) <https://www.smchealth.org/behavioral-health-staff-specialty-mental-health-providers>

**Fax completed Closing Summary to Access Call Center: 650-596-8065 or
 mail to: 310 Harbor Blvd., Bldg. E, Belmont, CA 94002**